



ROCK PORT R-II SCHOOL DISTRICT

“To Be a Source of Inspiration and Knowledge for All”

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Updated December 20, 2021

Rock Port R-II intends to begin the “Test to Stay” program on Wednesday, November 17. Under this voluntary program, students and staff members that are deemed close contacts of a COVID-19 positive individual would not have to quarantine if certain protocols are followed.

Protocols would include:

- Receive a negative COVID test at least three times over a seven day period
- Monitor for symptoms for fourteen days
- After school athletic and activity participation would be allowed with additional, specific protocols

This program is designed to keep healthy students and staff at school in a safe way.

This is not meant to be a mechanism to test individuals showing symptoms of COVID-19. If you are sick, stay home!

Other Notes:

Tests are of the nasal swab variety (not the deep drilling, invasive kind). Tests would be administered by a trained staff member. Test results take about fifteen minutes. Only students with a completed Consent & Acknowledgement form would be eligible to test. Parents would be notified each time a student is tested. Positive tests would result in at-home quarantine.

Voluntary Testing Consent & Acknowledgement Form for Rock Port R-II Students & Staff

BinaxNOW is an antigen test that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen (15) minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not ever be administered unless this form is signed. All test results will be shared with the Missouri Department of Health and Senior Services (DHSS) pursuant to state regulation and with the local public health agency (LPHA) in order to begin contact tracing and instituting appropriate disease control measures.

Except as required by law, test results and testing information will be kept confidential by the agency and test administrators conducting the testing LPHA, and Missouri Department of Health and Senior Services.

Completing and signing this form serves as consent of voluntary participation in the BinaxNow testing program and is also an acknowledgment of the above statements.

CONSENT & ACKNOWLEDGMENT

Print name of person to be tested: _____ Date: _____

Signature of person tested: _____

Print name of parent/legal guardian of minor to be tested: _____

Signature of parent/legal guardian of minor to be tested: _____