

**Virginia Department of Health Test to Stay (TTS)
Information Sheet for Parents/Guardians and Students**

What is Test to Stay?

Test to Stay is a program that allows **unvaccinated or not yet fully vaccinated students identified as close contacts in a confirmed COVID-19 outbreak** (by the Fairfax County Health Department), to remain in school.

The close contacts take a rapid test every morning for 5 days (except on weekends or holidays) after the exposure, and if the test is negative, they are allowed to stay in school. (**Test kits are provided free of charge.**)

What are the benefits of enrolling in the program?

Participating students may benefit from COVID-19 testing and early identification of COVID-19 and will benefit from being able to continue to attend in-person school and certain school-based extracurricular activities.

What are the risks of enrolling in the program?

Potential risks include discomfort associated with the nasal swab used for testing, such as nose irritation, local pain around nose, and nose bleeding.

What are the requirements of the program?

- The student wears a mask at all times while in school, except when eating and drinking, for 10 days following the exposure.
- The student takes a rapid test every morning before school for the first five days after exposure and it is negative. Rapid test must be performed at home with a proctored test (e.g., eMed Abbott BinaxNOW Antigen At Home Test Kit).
- The student does not need to take a rapid test on mornings that fall on weekends or holidays, however, they must quarantine on these days (i.e. the student is not to attend birthday parties, sporting events, or any other group activities on these days).
- The student immediately isolates at home if they receive a positive test result.
- The student monitors for symptoms of COVID-19 for 10 days, and immediately isolates at home if symptoms develop.
- Parents/guardians agree to do the following:
 - Sign the consent form to participate in Test to Stay.
 - Ask the student about signs and symptoms of COVID-19 each day before and after school.
 - Do not send the student to school if any signs or symptoms develop in the student or anyone in the home.
 - Promptly pick up their child from school, should they test positive or develop signs or symptoms of COVID-19 while at school.
 - Comply with public health recommendations for quarantine when not attending in-school instruction. (i.e. Stay home away from others when not in school for instruction)

**Virginia Department of Health Test to Stay
Parent/Guardian Consent Form**

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (Month/Day/Year): ____/____/____

Gender: Male Female

Race: American Indian/Alaskan Native Asian Black or African American

Hawaiian Native or Other Pacific Islander White Not Stated

Hispanic/Latino: Yes No

School: _____

Home Room Teacher: _____ Grade: _____

Parent/Guardian Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (Month/Day/Year): ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Consent

I have read the Virginia Department of Health Test to Stay Information Sheet and give my consent for _____ (Name of Student) to participate in this program. I understand the risks and benefits of this program and understand that I may withdraw my consent at any time. I agree to abide by the requirements of the program (e.g. daily testing, consistent mask use while on school property and while riding the school bus, and accurate reporting of at-home COVID-19 test results) and understand that if the requirements are not followed, the student will be removed from the program and will be required to quarantine at home following close contact with an individual who has tested positive for COVID-19.

_____ X _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date