

**Office of Curriculum, Instruction, and Assessment**  
**Julie Colello Nichols, Director**

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**LISBON SCHOOL DEPARTMENT**

August 27, 2021

Dear Lisbon families and staff,

This year, Lisbon School Department is offering every student and staff member the opportunity to participate in Pooled Testing and BinaxNow testing. While these two COVID tests provide us with different COVID-related information, both opportunities allow students and staff a level of assurance that permit the school department to keep individuals participating in school and co-curricular activities.

Below I have outlined both types of tests, what they offer us and what they offer you/your students. Attached to this letter are permission slips we will need on file to include you/your student in these programs.

**Pooled testing-** Pooled testing (also termed surveillance testing by the CDC) is a preventative measure that allows schools to trace very low levels of COVID infection prior to the infectious stage. This ability allows schools to essentially head off exposures and outbreaks at the classroom/grade level.

- This is non-invasive. The swab only circles the inside of the nostril.
- The test only takes 30 seconds to 2 mins of classroom time.
- Pooled testing is for vaccinated and unvaccinated individuals.
- Individuals using Pooled Testing allows them to **avoid quarantine** if identified as a close contact, **unless they are symptomatic**, in order to stay in school which further supports a family's non-disruption of work.
- Participation also allows a student to continue participation in afterschool activities and school-related sports.

**BinaxNOW testing-** BinaxNOW testing is also referred to as Rapid Testing. It is the same testing that is done at Walgreens or other locations that offer rapid test results. This program allows for staff and students who begin feeling ill during the school day to be tested at school. This test is also a follow up test if a student is part of a positive pool sample.

- This is non-invasive. The swab only circles the inside of the nostril.
- The test takes 5 to 15 minutes. Students have the test done by the nurse or building administrator down in the main office area.
- BinaxNOW testing is for vaccinated and unvaccinated individuals.
- Negative students well enough to return to class may do so. Positive students wait in the isolation room and are picked up.

The permission forms for both types of testing follow this page. Each permission page is specific for the test so please complete both if you wish to participate in both. Please reach out with any questions.

Sincerely,



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## COVID-19 Testing Consent

Concentric by Ginkgo, a service provided by Ginkgo Bioworks, Inc. ("Concentric"), is providing COVID-19 testing programs in the form of "pooled testing" and/or "diagnostic tests" to schools and organizations (a "Program"). The pooled tests offered through a Program were validated using FDA recommendations. It shows if anyone in a "pool" is sick. However, the test does not show specifically who is sick. Diagnostic tests show if a particular individual is sick. The diagnostic tests offered through a program are FDA-authorized and include rapid antigen tests and PCR/molecular tests.

**Each participant must read and sign this form before taking part in a Program.** If the participant is a under the age of 18 ("Minor"), a parent or legal guardian must read and sign this form on behalf of the Minor before the Minor's participation in a Program.

### Key highlights of the consent are:

- Like most COVID-19 tests, neither the pooled nor diagnostic tests used in this program are FDA-approved. (Note: The word "approved" means a very specific thing in the eyes of the FDA. As of early 2021, no COVID-19 tests have been approved by the FDA.)
- Pooled tests do not provide individual results for each person in a pool. However, if a positive result is produced from a pooled test, all persons in that pool will be notified.
- Individual diagnostic tests may be used as "follow-up tests" if a pooled test produces a positive result. They may also be used on their own. The school or organization providing the test under the program will determine when and how diagnostic testing will be used.
- Since diagnostic tests do provide individual results, each person will be notified of each result from every diagnostic test he/she/they perform.
- You can revoke your consent at any time.
- Potential risks from collecting a sample include slight discomfort.

### **Please carefully read and sign the following Consent**

Throughout the consent, "you" and "your" refer to the person whose information and sample(s) is/are being provided for testing and who will receive the services as may be provided under a Program ("Test Taker"). **By signing this consent, you confirm that you are the Test Taker or the appropriate parent, guardian, or legally authorized individual to provide consent for the below named Minor Test Taker and:**

- A. You authorize the collection and testing of pooled COVID-19 tests and /or individual diagnostic tests as requested by Test Taker's organization or school on the Test Taker (including rapid antigen tests and PCR/molecular tests). You understand that all sample types will be non-invasive, short nasal swabs or saliva. Potential risks from sample collection include discomfort from the insertion of the swabs. The irritation is expected to be brief.
- B. You understand that pooled tests of this type are not required to be approved or authorized by the U.S. Food & Drug Administration (FDA), and You understand pooled tests are not an FDA approved or authorized test nor a medical diagnostic test. You understand that individual diagnostic tests provided by Concentric are FDA authorized under an emergency use authorization.
- C. You understand that pooled testing does not yield individual results for each member of a pool, and that the results of the Test Taker's *individual* results within a pooled test cannot be shared with you. You understand the Test Taker's organization or school may receive the results of any test.



- D. You understand that you will be notified about the results of any individual diagnostic PCR or molecular test for COVID-19.
- E. You understand that, as with any COVID-19 test, there is the potential for a false positive or false negative COVID-19 test result and that the potential for an errant COVID-19 test result may be higher with pooled testing than individual testing.
- F. You understand that neither Concentric nor the Test Taker's school or Organization is acting as the Test Taker's medical provider, this testing does not replace treatment by the Test Taker's medical provider, and you assume complete and full responsibility to take appropriate action with regards to the Test Taker's test results. You will not make medical decisions without consulting a healthcare provider or disregard medical advice from your healthcare provider or delay seeking such advice based on the test results you receive from pooled or individual testing.
- G. You understand that you can change your mind and cancel this permission at any time, but such cancellation is forward-looking only, and will not affect information you already permitted to be released. To cancel this permission for COVID-19 testing, contact The Test Taker's School or Organization.
- H. You understand that Concentric is researching aspects of the COVID-19 virus, such as tracking viral mutations and you further authorize Concentric to sequence viruses and other microbes present in the samples for epidemiological and public health purposes.

You, the undersigned, confirm you have read the above information about the Program, the description of the test samples to be collected, and possible risks of the Program and you understand that this information may also be provided by Concentric upon written request to the Test Taker's school or organization. Additional terms and conditions, Concentric's privacy policy, and release authorizations for Concentric testing can be found here: <https://www.concentricbyginkgo.com/consent>. You voluntarily agree to participate (or allow Minor to participate) in the Program.

School/Organization Name: \_\_\_\_\_

<b>If this consent is for you as the Test Taker</b>	<b>If this consent is for a Minor:</b>
Name (print): _____	Minor's Name (print): _____
Signature: _____	Parent/Legal Guardian Name (print): _____
Date: _____	Parent/Legal Guardian Signature: _____
	Date: _____



# COVID-19 Test Taker Information

School or Organization Name: \_\_\_\_\_

Test Taker / Minor Name: \_\_\_\_\_  
First Last

Guardian Name (if applicable): \_\_\_\_\_  
First Last

Test Taker / Minor Information:  
\_\_\_\_\_  
Date of Birth (Month Day Year) Phone Number (1-###-###-####)

\_\_\_\_\_  
Street Address, P.O. Box Apartment, Suite, Unit, Building, Floor

\_\_\_\_\_  
City State ZIP Code

Indicate by circling one option on each of the following that best describes your test taker or minor:

**Gender:** Female Male Other Prefer not to say

**Ethnicity:** Hispanic or Latino Not Hispanic or Latino Other Prefer not to answer

**Race:** American Indian or Alaska Native Asian Black or African American  
Native Hawaiian or Other Pacific Islander White Two or more races  
Other Prefer not to answer



**Maine Pre-K to 12 School COVID-19 Test  
Parent/Guardian Consent Form: School Year 2021-2022**

The Lisbon School Department seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides the Lisbon School District or its designee with your permission to perform a COVID-19 screening test for your child at the school or its designated site.

By signing below, you are indicating that you voluntarily consent to this screening procedure for the detection of COVID-19 for your child with symptoms.

**COVID-19 Test Information Statement**

The test being administered by the school nurse. The test involves a nasal swab. The specimen collected for a rapid test (Abbott BinaxNOW) gives results in approximately 15-20 minutes. The school or its designee will communicate the results of your child's test to you as well as instructions on next steps. The test results will be shared with the Maine CDC for public health reporting.

**Section 1: Information about Your Child (please print)**

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	School Name	Grade & Teacher
ADDRESS				PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP			

**Section 2: Consent**

**CONSENT FOR CHILD'S COVID-19 TEST:**

I have read or had explained to me the **COVID-19 Testing Information Statement**, above, and have had the opportunity to seek answers to my questions about the risks and benefits of this test.

**I CONSENT** to my child receiving the COVID-19 Test by \_\_\_\_\_ (school nurse). (If this consent form is not signed, then your child will not receive the test.)

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

