



# UT Permian Basin STEM Academy

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Dear STEM Academy Parent/Guardian,

STEM is committed to keeping our students, faculty and community safe. In addition to the safety protocols set in place to slow the spread of COVID-19, we are adding voluntary COVID-19 testing at no cost for students and staff who develop symptoms of COVID-19 while at school. This testing uses Abbott Laboratories BinaxNOW tests provided by the state and federal government. Students under 18 years of age must have written parent consent for testing to be completed. If you wish to give your consent for COVID-19 testing using the BinaxNOW test, please read and complete this form.

## **What is the test?**

If your child is symptomatic or part of a group that is designated for testing, if you consent, your child can receive a free BinaxNOW rapid test for the COVID-19 virus with your written permission. Testing involves using a swab, similar to a Q-Tip, placed inside the shallow part of the nostril. A trained school staff member will administer the test. Older students can be instructed to collect the sample and give it to the test administrator. Test results will be made available to the parent/guardian who signs this form below. The results will be sent by text message or email within 24 hours of the test. This program is **entirely optional** for students and staff members.

## **What should I do when I receive my child's test results?**

If your child or you (if student age 18 or older) tests positive we ask that you follow the STEM's COVID-19 protocols and keep your child home until the contagious period has ended (at least 10 days from the date symptoms first appear, until symptoms improve and your child has not had fever for 24 hours without the use of fever reducing medications such as Tylenol and Motrin). If your child's test results are negative, the virus was not found in the specimen tested and you should contact your child's doctor for further assessment. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor.

## **Known Symptoms:**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish
- Cough
- Shortness of breath
- Headache
- Sore throat
- Shaking or exaggerated shivering
- Diarrhea
- Loss of taste or smell
- Difficulty breathing
- Fatigue
- Chills
- Congestion or runny nose
- Significant muscle pain or ache
- Nausea or vomiting

## **Disclaimer:**

Test administrators will take every precaution for the safety of students and staff during testing. Please understand the test administrator, STEM, any of its trustees, officers, employees, or organization sponsors are not liable for any accident or injuries that may occur to your child or yourself (if student age 18 or older) as a result of agreeing to the test.

# UTPB STEM Academy

## BinaxNOW Rapid Test Consent Form

(Email completed forms to: [stemacad@utpb.edu](mailto:stemacad@utpb.edu) or drop off with the school nurse.)

\*Please complete the form for each student enrolled at the STEM Academy.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT				
Parent/Guardian Information				
<i>You will be notified with test results either via phone call or email.</i>				
<b>Parent/Guardian Print Name:</b>				
<b>Parent/Guardian Cell/Mobile #:</b>				
<b>Parent/Guardian Email Address:</b>				
Child/Student Information				
<b>Child/Student Print Name:</b>				
<b>School ID #:</b>				
<b>Driver's License #:</b> <i>(if applicable)</i>				
<b>Street Address:</b>	<b>City:</b>		<b>State:</b>	
<b>Zip Code:</b>	<b>County:</b>			
<b>School:</b>		<b>Grade Level:</b>		
<b>Date of Birth:</b> <i>(MM/DD/YYYY)</i>		<b>Age:</b>		
<b>Race/Ethnicity:</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American/Indigenous	<b>Gender:</b>
	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown
CONSENT				
By signing below, I attest that:				
<p>A. I authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.</p> <p>B. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.</p> <p>C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.</p> <p>D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.</p>				
<b>Signature of Parent/ Guardian:</b>				<b>Date:</b>
<b>Signature of Student:</b> <i>(if age 18 or over or otherwise authorized to consent)</i>				<b>Date:</b>