For highlighted text, districts and schools should fill in the appropriate information or choose the correct option.

**Opt-in form for students participating in the at-home antigen test program**

* Both vaccinated and unvaccinated individuals are strongly encouraged to opt-in.

**Individual Information:**

|  |
| --- |
| **Parent/Guardian Information** |
| **Parent/Guardian** **Print Name:** |  |
| **Parent/Guardian****Email Address:** |  |
| **Student Information** |
| **Student Print Name:** |  |
| **Student’s Grade Level:**  |  |
| **Student’s School Name:** |  |
| **Opt-in** |  **Yes**, I opt-in my student to participate in the at-home antigen test program *(please read and sign form below)* **No**, I do not opt-in my student to participate in the at-home antigen test program *(No further action needed)* |

**Opt-In Stipulations:**

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to opt into the at-home antigen testing program:

* Opt-in: I understand that my school district will provide the at-home antigen tests to only those students and staff, vaccinated or unvaccinated, who opt-in.
* Training: I understand that my school district will provide the prerequisite at-home antigen test administration training materials, including instructions on when tests should be taken, to me. I agree to take this training prior to administering the test on my child.
* Test distribution: I understand that at-home tests will be given to my student to take home every two weeks. I understand that each test kit contains two individual tests, and I will administer the test on my student on each [day of the week].
* Reporting test results: I understand that if my student tests positive, I will report the positive test result to my student’s school and my healthcare professional. I understand the school will keep any reported test results confidential and individual results will not be made public.
* Voluntary participation: I understand that opting into the at-home antigen test program is optional and that I can choose not to participate at any time. To cancel this opt-in for the at-home antigen testing program, I need to contact [XX].

I, the undersigned, have been informed about the at-home antigen test program, procedures, and I have received a copy of this opt-in form. 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 opt-in to this program for my student:

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_