



January 8, 2021

Dear Parent/Guardian:

The Rhode Island Department of Education (RIDE), in collaboration with the Rhode Island Department of Health (RIDOH), is pleased to announce that they are now offering participation in a COVID-19 testing program at Monsignor Clarke School. Rhode Island continues to pursue aggressive testing for COVID-19 as a foundation of addressing the pandemic in the state.

Our school is being provided a supply of BinaxNOW COVID-19 Antigen Test Cards. These tests have been made available to RIDOH from the federal government. All students, staff, and teachers in our school are being offered testing through this program until the end of the 2020/2021 school year free of charge. Our school aims to offer an ongoing testing program to all students and staff, although future testing may be dependent on supplies. This consent will apply for all testing sessions going forward through the end of the 2020/2021 school year. Our school plans to test a random classroom or two every day, with additional students added at random as well. At any time, you or your student may decline to participate.

Our school plan that was submitted to RIDOH was approved this week and is printed on the reverse of this letter. This letter/consent form will also be sent to you electronically. I will include video links so parents can see up close how the testing will work.

For each testing session, your student will receive one nasal swab. The swab (it looks like a Q-tip) will enter no more than one inch into the nose (both nasal cavities). It is not a deep swab, and middle school students may be able to do this themselves with our nurse watching. This swab will be run on the BinaxNOW COVID-19 Antigen Test Card. The results of this test will be available within an hour. You will be called if the result is positive.

The school administrator (Mrs. Hoffman, our nurse) will have access to the results of the BinaxNOW test. If you have any questions on the program you may reach out to myself or Mrs. Hoffman.

In order for your student to participate in this testing program, your permission is needed. **Sign below and return form back to the school if you would like your student to participate.**

Child's Name: _____ Grade _____

Parent/Guardian's Phone Number: _____

Parent/Guardian's Email: _____

Parent/Guardian's Signature: _____

In closing, we would like to thank you for your support of this new program and our efforts to expand our prevention, detection, and testing of COVID-19 in our state and within our schools.

Sincerely,

Dr. Lisi
Principal