



# AGBU MANOOGIAN-DEMIRDJIAN SCHOOL

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### **AUTHORIZATION FOR AGBU MANOOGIAN-DEMIRDJIAN SCHOOL USE - RAPID-ANTIGEN TESTING WAIVER**

AGBU MANOOGIAN-DEMIRDJIAN School's Health Office and Main Office will now have the ability to provide rapid antigen testing. This test will be administered to students and staff who exhibit Covid symptoms while on campus, and/or according to current guidance from LADPH, and does not replace baseline or routine PCR testing required by the school.

The purpose of providing a rapid antigen test on-campus is to be able to make more educated determinations on a case-by-case basis. For example, if a student (known to have environmental allergies) comes into the health office with a runny nose or other symptoms associated with Covid, a rapid antigen test (results within 15 minutes) could assist in determining the next best action step. While we expect all ill individuals to stay home, we also do not want to unnecessarily send home those who are not ill (or showing Covid symptoms).

Please be aware that in some cases it may be necessary to send home a child. However, our hope is that by adding additional safety measures we can rule out some scenarios. Although we recommend participating in this resource, the waiver below (via CDPH) is completely optional.

Please do not hesitate to reach out to our School Nurse, Ozhen Hakobyan by email [ohakobyan@agbumds.org](mailto:ohakobyan@agbumds.org) with any questions.

Thank you,

School Administration

Accredited by WASC

6844 Oakdale Avenue, Canoga Park, CA 91306 | Tel: (818) 883-2428 | Fax: (818) 883-8353 | [www.agbumds.org](http://www.agbumds.org)



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For non-minors, all sections that reference "my child" refer to the individual signing

Rapid tests and results will generally be available within one hour and at no cost to the student/family/staff. If additional laboratory-based testing is needed, you will be notified. You will receive a message when the test result is available for both negative and positive cases. This document provides consent for participation in the school-based testing program:

- I authorize on behalf of myself, or my child COVID-19 testing by self-collection of a nasal swab. Most children and adults will swab the first inch or so of their nose themselves.
- I represent that I am the parent or guardian authorized to sign this document for my child.
- I acknowledge that a positive test result is an indication that I or my child must isolate at home, follow state and county isolation procedures, and wear a mask or face covering as directed in an effort to avoid infecting others.
- I authorize that my or my child's test results be disclosed to the district, county and state health department, or to any other governmental entity as may be required by law.
- If the rapid antigen test displays a positive test result, I may choose to follow up with additional testing at another lab to confirm the result (such as a PCR test).
- I understand that this testing site does not act as a medical provider and the testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action with regards to the test results. I agree I will seek medical advice, care, and treatment from a medical provider, as applicable, if I have questions or concerns, or if conditions worsen.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I have been informed about the test purpose, procedures, possible benefits, and risks, and, if requested, have received a copy of this Informed Consent for participation in the COVID-19 test. I have been given the opportunity to ask questions before I sign, and throughout the entire testing procedure.

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- I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the school and may no longer be protected by federal regulations that protect the privacy and security of an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") or personally identifiable information contained in student education records as defined by the Family Educational Rights and Privacy Act ("FERPA"). Notwithstanding the foregoing, this consent serves as my permission to release the information used or disclosed as a result of my child's participation, provided that such release is in accordance with the terms of this consent.
- I understand that I may revoke my authorization for consent at any time by notifying AGBU MDS of my desire to revoke it. I understand that any action already taken in reliance on this authorization prior to my revocation cannot be reversed.
- Unless revoked earlier, this authorization expires 12 months from the date of this authorization.
- I understand the school may also request and conduct molecular (such as PCR) tests as an additional precautionary measure for certain individuals tested through the COVID antigen rapid test screener. For example, individuals with a positive result will be re-swabbed to confirm the positive antigen test. If and when this happens, the school is authorized to use my insurance information to ensure that there is no cost to me for this service. If my insurance does not cover this service, the school will work to ensure that there is not out of pocket cost.
- **Warning of Risks & Assumption of Risks:** Participating in COVID-19 screening involves inherent health risks. There is a risk of exposure to COVID-19 when leaving one's home. There is a risk that upper respiratory tract swabbing may cause discomfort, sneezing, a gag reflex, or nosebleed. By consenting to participate, I acknowledge that I understand that the risk of my or my child's participation is low risk and I voluntarily accept any health risks.
- **Waiver, Release, and Indemnification:** I understand that participating in this screening is an activity that may be a potentially hazardous activity for some individuals. I hereby assume full and complete responsibility for any injury, illness, or accident which may occur during my or my child's participation. I hereby release, waive, hold harmless and covenant not to bring a suit against the administrators, sponsors, organizers, volunteers, employees, agents or any affiliated individuals or entities associated with this screening from any and all losses, damages, liabilities or other claims and causes of action that may arise out of my participation.

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Name of Student: \_\_\_\_\_

DOB of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

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Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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