



RIDE Rhode Island
Department
of Education

January 11, 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 we are now offering participation in a COVID-19 testing program at your child's school. Rhode Island continues to pursue aggressive testing for COVID-19 as a foundation of addressing the pandemic in the state. As part of the state testing approach, we are now testing in schools.

Your student's 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 at schools are being offered testing through this program until the end of the 2020/2021 school year free of charge. The district 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. Your student's school plans to test weekly. At any time, you or your student may decline to participate.

For each testing session, your student will receive one nasal swab. 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 at your student's school will have access to the results of the BinaxNOW test. If you have any questions on the program you may reach out to your school.

In order for your student to participate in this testing program, your permission is needed. **Please complete the electronic BinaxNow Consent form here: [BinaxNow Consent Form](#), or fill out the paper consent form below and return it to the school.**

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.

BinaxNOW COVID-19 Test Consent Form

Sign below and return form back to the school if you would like your student to participate.

Child's

Name: _____

Child's

School: _____

Child's Grade

Level: _____

Parent/Guardian's Phone

Number: _____

Parent/Guardian's

EMAIL: _____

Parent/Guardian's Signature:
