

# ORLEANS CENTRAL SUPERVISORY UNION

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December 27, 2021

OCSU Families, Faculty and Staff;

I wish you all a safe and peaceful holiday break. Many accomplishments and challenges were realized during our first semester of the school year. We are preparing to welcome our students on January 3<sup>rd</sup>.

The initiation of the Test to Stay Program proved to be remarkable in being able to keep children and staff in school if they were considered part of a close contact circle for COVID. If you have not yet signed up for Test to Stay, please do so over the break, either online at [SY22 COVID19 Testing Program Consent Form](#) or with the enclosed paper form.

Our challenge is not over COVID. Upon returning from the holiday break, we all must remain vigilant in mask wearing, hand washing and not coming to school with any COVID symptoms. Prior to returning to school, it is recommended that staff and children get tested to ensure we are starting on a good foot re-entering our school buildings. For additional information, please visit the VT Health Department website with the following link: [Health Department website](#)

We appreciate our families' attention to their children regarding symptoms and keeping children home until symptoms begin to wane or if testing positive for COVID waiting for the proper quarantining time before returning.

There are no daily health check requirements or temperature checks however, please keep your child home if they are sick or showing symptoms of COVID:

- Fever (100.4 °F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If you have not received your vaccine, please consider getting vaccinated and/or boosted over the vacation break. The data shows us that vaccinations due provide a strong defense against COVID variants.

The Governor's office has released information about [sites where Vermonters can access free, take-home COVID-19 antigen test kits](#) on Dec. 28, 29 and 30.

Again, thank you for supporting your children and the greater OCSU community (Orleans, Brownington, Albany, Irasburg, Glover and Barton) while we prepare for our return to school in 2022!

Be well,



Penny Chamberlin  
Superintendent of Schools  
Orleans Central Supervisory Union

## **SY22 COVID-19 Testing Program Consent Form Print Version – Public and Independent Schools**

### **Introduction**

Our goal for COVID-19 testing is to ensure that students and staff can safely participate in in-person learning while reducing the impacts of widespread quarantine on students, their families and schools.

This form includes a request for consent to have your student tested, details about how test information may be shared, and a description of the testing types that our school is offering. We may be using more than one testing type at any given time because each has a different purpose. For more information, please review this helpful guide on the potential testing tools that our school may offer.

**All testing is voluntary and will require consent.**

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### **Consent Agreement for a Student Under 18 Years Old**

#### NOTIFICATION OF INFORMATION SHARING

The information about your minor and his or her test results will be shared with and among certain Vermont agencies, contractors, and providers to support the testing program. This information will be shared only for public health purposes, which may include notifying close contacts of your minor if they have been exposed to COVID-19 and taking other steps to prevent the further spread of COVID-19 in your community.

Information about your minor may be shared with the Vermont agencies, contractors and service providers conducting COVID-19 Testing, and includes your minor's name and COVID-19 test results, date of birth/age, sex, race/ethnicity, school/camp names, teacher(s) and counselors, classroom/cohort/pod enrollment and attendance history, and after school or other program participation, names of other family members or guardians, address, telephone number, and email address.

The Vermont Department of Health will report publicly data they receive about COVID-19 cases in schools. Your minor's information will only be shared in accordance with applicable law and our organization's policies protecting student and camper privacy and the security of your minor's data.

- By signing below, I am consenting [for my child / myself] to participate in the following COVID-19 Testing Types:
  - Test to Stay Antigen testing

- I understand that if my child is a close contact or symptomatic, they will be asked to participate COVID-19 response testing
- I certify that I am the parent or legal guardian of the patient, or I am patient and at least 18 years of age.
- I understand that school COVID-19 response testing is voluntary, and that I may decline to (have my child) participate at any time.
- I understand that if I decline to (have my child) participate in COVID-19 response testing, my child / I may be asked quarantine.

I have read, agree and consent to the above statements. required,

Yes       No      \*Please do not continue filling out this form if you do not agree.

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

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### Consenter Information

Please fill in the information below to identify who this consent form is being filled out for.

#### Parent or Guardian Name:

First Name:	Last Name:
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#### Testing Participant Name:

First Name:	Last Name:
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#### Testing Participant Date of Birth:

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#### Testing Participant Address:

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

**Phone:**

*Used for results contact, prefer cell phone if available because the response is TXT message based*

**Email:**

*Used for results contact*

**Testing Participant Biological Sex:**

Male       Female       Other

**Testing Participant Race/Demographics:** *Please select the race/demographic that you identify with.*

American Indian or Alaskan Native       Asian       Black or African American

Native Hawaiian or other Pacific Islander       White       Unknown

Refuse to answer

**Is the testing participant employed in the healthcare industry?**

Yes       No

**Does the testing participant live in congregate housing (e.g. long-term care facility, correctional facility or shelter)?**

Yes       No

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**School Information**

**Supervisory Union (if applicable. Leave blank if an independent school):**

**School:**