



Dear Indian Hills Families,

The Hillsboro School District is excited to share an opportunity available to our students. The Oregon Health Authority (OHA) and the Oregon Department of Education (ODE) are working with healthcare partners across the state to provide voluntary COVID-19 screening testing to K-12 students once per week. HSD is working with OHSU, our local testing lab, to provide this free at-home weekly screening test to students who opt in. We will start with a pilot program at three elementary schools, then will expand to all elementary schools.

Screening testing is intended for individuals who do not have symptoms of COVID-19 or any known exposure to COVID-19. Participating in screening testing helps keep our schools open for in-person learning by detecting COVID-19 cases early, preventing a sick child from unknowingly spreading COVID-19 to others, and stopping a potential outbreak before it happens. It can also give you peace of mind knowing whether or not your child has COVID-19.

Participation is voluntary and families can “opt in” or “opt out” at any time. The test is quick and painless. All that is needed is a sample of your child’s saliva. The test kit will be sent home with your child at the end of the school day and it will contain a saliva collection container. We will ask you to assist your child in collecting the saliva sample the next morning before school and then send the kit back to school with your child. The kit will be collected as students enter the building and kept in a cooled box until the OHSU lab courier can pick it up that day. *It is important that the saliva sample is collected in the morning and not the night before, as it is only stable outside of the body for up to eight hours.*

Participation in the program is voluntary and all results are confidential; however, all COVID-19 results must be reported to the Oregon Health Authority and they, along with our local public health authority, will investigate and contact trace all positive cases. Once the test kit arrives at the lab, it will be processed within 24 hours and a secure email will be sent to you with your child’s test result. If the test is positive or inconclusive, an OHSU nurse will contact you to provide information on next steps. If you are contacted regarding a positive test please let your child’s school know.

There are two consent forms needed for participation in the testing program: one is a general consent form, and one allows OHSU to send the school labels with the student’s name and date of birth. Below are links to both consent forms as well as program information. We will also be sending home paper copies of these documents for your convenience.

Program Information ([English](#), [Spanish](#))

General Consent Form ([English](#), [Spanish](#))

OHSU Testing Authorization Form for Indian Hills ([English](#), [Spanish](#))

For more information about the COVID screening program, please visit [ohsu.edu/k12testing](https://ohsu.edu/k12testing). If you have questions, please reach out to your school principal.

Thank you,  
Katie Thomas, Principal

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***Engage and challenge all learners to ensure academic excellence***

21260 SW Rock Road, Aloha, OR 97003  
TEL: 503-844-1350 ■ FAX: 503-844-1359 ■ WEB: [www.hsd.k12.or.us](http://www.hsd.k12.or.us)

# Welcome to the K-12 COVID-19 Screening Program

Thank you for signing up for the K-12 COVID-19 screening program. You are helping your student, their classmates and teachers be safe and stop the spread of COVID-19.



## WHAT HAPPENS NEXT?

After your child is signed up, your school will give you:

- Instructions on how to collect a spit sample for testing.
- Spit collection kit (spit sample tube, funnel, etc.) and patient labels. Your school will decide how often to give you these kits for weekly testing.
- Information on when and where to collect the spit sample (at school or at home), what day of the week to turn it in and where to drop it off.

## HOW WILL MY CHILD'S SPIT SAMPLE BE COLLECTED?

Each week, we will collect your child's spit sample. Your school will decide if this will be done at home or at the school.

- **Collecting at home:**
  1. Your school will give you collection kits for each week.
  2. Follow the instructions to collect your child's spit sample in the morning before school on the drop-off day.
  3. Have your child drop off the spit sample at your school's collection site.
- **Collecting at school:**
  - No need for you to collect the sample. School staff will collect your child's spit sample during the school day.

## WHAT HAPPENS TO MY CHILD'S SPIT SAMPLE?

Your school will gather the sample, and it will be sent to OHSU for PCR testing.

## WHEN WILL I GET THE TEST RESULTS?

We will email the test results to you 1-2 days after the sample is collected or dropped off at your school.

- The email will come from OHSU Health (**K12covidtesting@ohsuhealthmarketing.com**) with a subject line of "COVID-19 test results for your student."
- If you don't see the email after 2 days, please check your spam folder.
- If you still did not get the email, please call the OHSU COVID hotline at **833-647-8222**.

**Please note:** we will use the primary email and phone number your school has on file for you to contact you about test results.

## WHAT DO THE TEST RESULTS MEAN?

- ⊕ If the test results say “**detected**,” that means the OHSU lab DID find the virus. This is also known as testing “**positive**.”
- ⊕ If the test results say “**inconclusive**,” that means the OHSU Lab is not able to confirm the test results. This means the student does not have a positive or negative test result.
- ⊖ If the test results say “not detected,” it means that your child did NOT have COVID-19 at the time the sample was collected. This is also known as testing “**negative**.”
- ⊗ If the test results say “invalid” that means that the sample did not have enough material for the OHSU lab to test it

## WHAT IF MY CHILD TESTS POSITIVE OR INCONCLUSIVE FOR COVID?

If the results are “**detected**” or “**inconclusive**,” you will get a phone call from a nurse at the OHSU COVID hotline.

They will talk to you about:

- The test results
- How to isolate (quarantine)
- Treating the illness

You might get the test results by email before we get a chance to call you, but you will get a call. If you have urgent questions, call the **OHSU COVID hotline** at **833-647-8222 Option 5**, 8 a.m. to 8 p.m., 7 days a week.

For more information about COVID-19, go to [www.ohsu.edu/coronavirus](http://www.ohsu.edu/coronavirus).

# COVID-19 General Consent Form

## To be completed by student parent or guardian

### Parent/Guardian Information *(You will be notified with test results.)*

Parent/Guardian print name:	
Parent/Guardian mobile number:	
Parent/Guardian email address:	

### Student information

Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	

## Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow for my student to be tested for COVID-19 during the 2021-2022 academic school year by providing either a shallow nasal swab or a saliva sample. COVID-19 testing may be offered to the student once a week for screening purposes.

I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.

I understand that an independent laboratory acting on behalf of my school will conduct the weekly screening testing. I understand that in order for weekly screening testing to be performed at an independent laboratory, certain personal information regarding my student(s) will need to be communicated to the laboratory for purposes of administering the program, and only to the extent necessary to administer the program, including student name, date of birth, and school cohort.

I understand that the Oregon Health Authority (OHA) has ordered these tests. I understand that neither OHA or the school is acting as my student's healthcare provider and this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the

# COVID-19 General Consent Form

## Consent

student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

Personal health information will not be released without written consent except when required by law.

I give permission for my student(s) to participate in weekly screening testing for COVID-19.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email [CRRU@dhsosha.state.or.us](mailto:CRRU@dhsosha.state.or.us). We accept all relay calls or you can dial 711.

