

**Parental Consent**  
**Mississippi COVID-19 Testing Program (for K-12 Students)**

Dear Parent/Guardian

Your child’s School District is partnering with the Mississippi State Department of Health (MSDH) to offer voluntary school-based COVID-19 screening (testing) for unvaccinated students. The screening tests are rapid antigen tests that provide results within roughly 15 minutes. MSDH has contracted with Maverick Health, LLC (“Maverick”) as the laboratory administering or performing the tests.

There is no cost to you or your family for these screening tests.

The purpose is to provide an additional layer of prevention to slow the spread of COVID-19 in school settings and in extracurricular activities.

The screening program is for unvaccinated students who do not have symptoms (students with symptoms should be evaluated by their primary care provider). Participating students will be screened weekly using the rapid tests. The test uses a simple collection procedure by inserting a swab a short way in the nose.

All results will be reported individually by name and in aggregate form to MSDH and results will be available to parents, or legal guardians, via an online portal. Students who test positive will be excluded from the school setting and participation in school-sponsored activities for 10 days from the date of the test as long as they have no symptoms. Students with a positive rapid test who have a negative molecular based COVID-19 test within 48 hours of the rapid positive do not require further exclusion and may return to the school setting. This only applies to molecular based tests (i.e., PCR) and does not include an additional rapid antigen test or antibody tests.

If you wish for your child to participate in this program, please complete the following:

**Student Name (please print):** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

As the parent/legal guardian of the above-named child, I hereby authorize \_\_\_\_\_ and/or Maverick Health, LLC to  
(School Name)

administer weekly antigen COVID-19 screening/testing to my child, and, in the event of a positive test result, an additional molecular based test (PCR). I understand that this authorization extends inclusively from the date of my signature through **July 31, 2022**. I understand that these weekly screenings are free, and I will have access to the test results through an online portal. I further agree that my child’s test results will be available to the School District and reported to the MSDH.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Today’s Date

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