

Dear Parents and Guardians,

As we continue in-person learning this fall, the safety of our school community remains a top priority. To help stop the spread of COVID-19 and keep our schools open, the Oklahoma State Department of Health and the Oklahoma State Department of Education are offering a **free, optional COVID-19 testing program for students and staff at Locust Grove Public Schools.**

The purpose of the Oklahoma Schools COVID-19 Prevention Program is to maximize in-person learning days and keep Oklahoma kids safely in the classroom. Children learn more effectively when they're able to interface with their teachers and peers in-person.

Participating in the program is optional, and requires permission from a parent or guardian. Allowing your child to participate can help us identify cases quickly and early, which can help us stop an outbreak before it happens. Regular testing will keep kids safe so they can remain in the classroom and continue to participate in all their normal activities this year.

COVID-19 testing is free, quick and easy. Trained members of our school staff will oversee on-site testing with rapid antigen nasal swab tests. LGPS will make a good faith effort to test the required 10% of our total school population for COVID-19 as required by the Oklahoma State Dept. of Health. Some testing strategies are as follows: students who are exhibiting symptoms, parents/family members of positive students, testing a quarantined student for early re-entry (test on day 7 return on day 8), high-capacity testing before holiday breaks (Thanksgiving, Christmas, Spring Break to limit family exposure) etc. Results will be shared with the student and parent or guardian through a secure system, which will protect your child's private health information and test results.

The tests will be administered at the Early Learning Center on Mondays from 9:00am-12:00pm, Tuesday-Fridays from 7:00am-8:00am on normal school weeks or by appointment through the email provided below. The program will start this Monday, 11-8-21. It is required to wear a mask when coming for a Covid19 test.

For more information for opting into the program or should you have any additional questions regarding the Oklahoma Schools COVID-19 Prevention Program, please email Tonya or Jennie at lgcovidtest@lg.k12.ok.us.

We appreciate the opportunity to serve you and your family as we continue to work together so that all children can learn safely.

"Every Student, Every Day"
Dusty Torrey
Superintendent of Schools
Locust Grove Public Schools
918-803-4215

This program is supported by the Scientific Programs and Development Branch within the Division of Preparedness and

TO BE COMPLETED BY PARENT, GUARDIAN			
Parent/Guardian Information			
<i>You will be notified with test results either via cell phone or email, or both.</i>			
Parent/Guardian Print Name:			
Parent/Guardian Cell/Mobile #: <small>Note: results will be texted to this cell #</small>			
Parent/Guardian Email Address: <small>Note: results will be sent to this email</small>			
Child/Student Information			
Child/Student Print Name:			
Street Address:	City:	State:	
Zip Code:	County:		
School:	Locust Grove Public Schools	Grade Level/Home Room Teacher:	
Date of Birth: <small>(MM/DD/YYYY)</small>	Age:		
Race/Ethnicity:	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown
CONSENT			
By signing below, I attest that:			
<p>A. I authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab. The test given will be the Quidel QuickVue SARS Antigen Test, which is a rapid test that provides results in less than 15 minutes.</p> <p>B. I acknowledge that a positive test result is an indication that my child must go home and stay away from school for a period of 10 days in an effort to avoid infecting others.</p> <p>C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.</p> <p>D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.</p>			
Signature of Parent/Guardian:			Date:
Signature of Student:			Date:

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