

## Cimarron Municipal Schools

Dear Parent/Guardian:

For the remainder of the school year, your child will have the opportunity to participate in a **Voluntary surveillance testing program**.

The Cimarron School District will be offering a new onsite testing option for staff and students. The district will be utilizing BinaxNOW antigen testing. BinaxNOW is an antigen test that detects the presence of the virus that causes a COVID-19 infection. Results from this test are usually available in about fifteen (15) minutes. There is no charge to you for these tests and collecting the specimen for testing involves using a smallswab into the front of the nose, not deep into the nose. This test is completely voluntary and will not be administered without signed consent. This test may be administered to your child at various times for various reasons. Both positive and negative results of this test will be reported to the New Mexico Department of Health so that it can begin contact tracing and other disease control measures if necessary. You will also be provided with the results of each test administered to your child. Your child's participation in surveillance testing will assist us in early detection of the Covid-19 virus, minimizing the spread of the virus, and helping keep students safe.

Except as required by law, test results and testing information will be kept confidential by the school district and the NM Department of Health. NOTIFIABLE DISEASES OR CONDITIONS IN NEW MEXICO 7.4.3.13 NEW MEXICO ADMINISTRATIVE CODE. This code may be located at: [NOTIFIABLE CONDITIONS IN NEW MEXICO \(nmhealth.org\)](https://www.nmhealth.org/conditions-in-new-mexico)

In accordance with NMPED requirements, beginning the week of April 26, 2021, all schools in New Mexico are required to have a weekly surveillance testing program for 1% of students and 10% of individuals participating in extra-curricular sports and NMAA sanctioned activities. **Students testing is voluntary and will only be conducted with written parental consent.** If Available, parents may also choose to utilize VAULT in home testing and report their child's result in school nurse.

\*\*Information is subject to change with the NMPED and NMDOH requirements. \*\*

### Consent and Acknowledgment

**Completing and signing this form serves as consent for this test to be performed on the named individual at various times as determined necessary by the school district. School personnel also acknowledge the above statements. Upon request, this completed and signed form should be provided to the appropriate school district personnel and will grant permission for trained school personnel to conduct multiple BinaxNow tests on your child throughout the school year. This consent may be revoked at any time.**

Print name of person subject to testing (STUDENT): \_\_\_\_\_ DOB: \_\_\_\_\_

Print parent / guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent /guardian: \_\_\_\_\_

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### DISTRICT USE:

Received by (name) on: \_\_\_\_\_ (Date): \_\_\_\_\_

Place of test administration: on: \_\_\_\_\_ (Date): \_\_\_\_\_