



Marshfield Public Schools

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Jeffrey W. Granatino
Superintendent

Ellen M. Martin, Ed. D.
Asst. Superintendent

Thomas J. Miller
Asst. Supt. Business & Finance

Amy C. Scolaro
Director of Special Education / Pupil Personnel

CONSENT FOR COVID-19 TEST DURING SCHOOL

I give consent for the Brewster Ambulance Mobile Testing Unit to conduct a nasal swab procedure and a screening test for COVID-19. The testing process takes approximately 15 seconds and you will receive negative results in approximately 48 hours by secure email. Any positive results will be reported to you by a phone call from either the Public Health Nurse or one of the School Nurses. According to the Brewster Ambulance company, about 1 - 2 percent of the tests need to be re-done for various reasons. Please be aware that there is a low risk you will have to be re-tested if there is an error with your sample. Results will be shared with the Massachusetts Department of Public Health according to state regulations and will be available to the School Nurses and the Town of Marshfield Public Health Nurse. No other staff member will have access to test results. Positive test results will be shared with your school administrator(s) so we may implement appropriate isolation, contact tracing, and quarantine protocols.

Name of patient: _____ Date of Birth: _____

Signature (parent/guardian if under 18): _____