

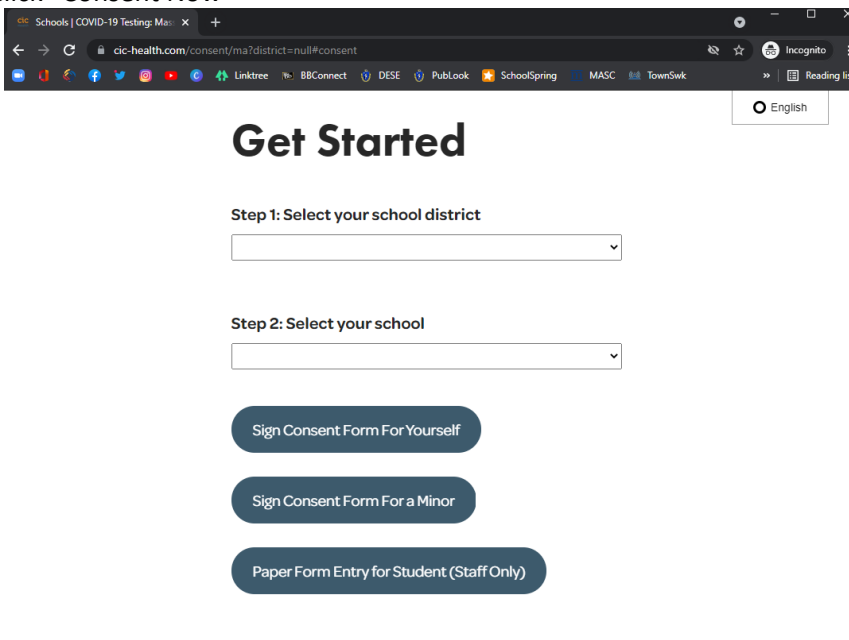
Southwick-Tolland-Granville Regional School District

Test&Stay COVID-19 Testing Online Consent Instructions

1. Go to website: <https://www.cic-health.com/consent/ma?district=null>

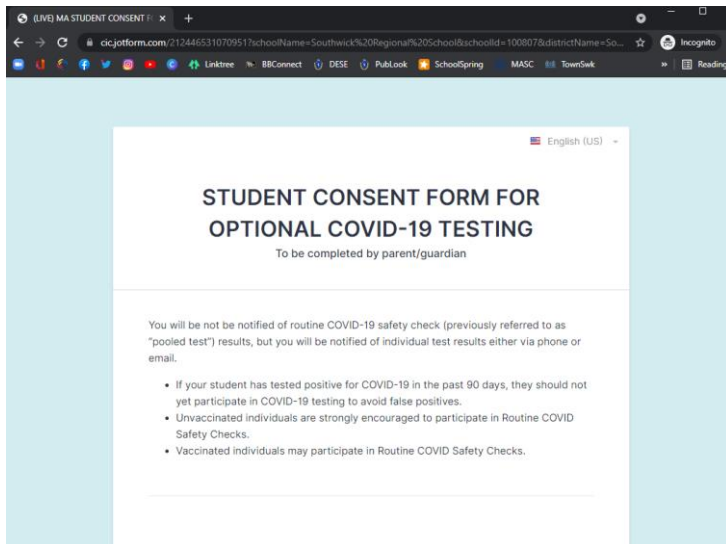


2. Click "Consent Now"



3. Select your school district from the dropdown menu "Southwick-Tolland-Granville Regional School District"
4. Select your child's school from the dropdown menu:
 - Southwick Regional School (7-12)
 - Powder Mill School (3-6)
 - Woodland School (PreK-2)
5. For students select "Sign Consent Form For a Minor"

6. Read the information provided on the “Student Consent Form for Optional COVID-19 Testing”
Scroll to the bottom of the page.



7. Select whether you will consent for your child to participate, or not consent for your child to participate.

If you select Yes to consent, complete all of the student information and sign and submit your information at the bottom:

If you select No to consent, complete all of the student information and sign and submit your information at the bottom:

The image displays two screenshots of a web form titled "(LIVE) MA STUDENT CONSENT".

Left Screenshot:

- Consent Opt Out ***
 - Yes, I provide consent for my student to participate in COVID-19 testing (please read and sign form below)
 - No, I do not provide consent for my student to participate in COVID-19 testing. (No further action needed)
- Child / Student Full Name ***
 - First Name: [Text Input]
 - Last Name: [Text Input]
- School Name ***
 - [Text Input: Southwick Regional School]
- Is Southwick Regional School not your school? Click [here](#) to choose your correct school.
- Grade Level ***
 - [Dropdown Menu: Please Select]
- Date of Birth ***
 - [Date Input: MM-DD-YYYY]
 - Date
- Parent / Guardian Phone Number ***

Right Screenshot:

- School Name ***
 - [Text Input: Southwick Regional School]
- Is Southwick Regional School not your school? Click [here](#) to choose your correct school.
- Grade Level ***
 - [Dropdown Menu: Please Select]
- Date of Birth ***
 - [Date Input: MM-DD-YYYY]
 - Date
- Parent / Guardian Phone Number ***
 - [Text Input: (000) 000-0000]

A green **Submit** button is located at the bottom center of the form. A **HIPAA COMPLIANT** logo is in the bottom right corner.

8. Click the "Submit" button to confirm your submission.
9. Complete one consent form per student.