

East Greenbush Central School District



ADMINISTRATION CENTER

29 Englewood Avenue, East Greenbush, New York 12061

Phone (518) 207-2500 Fax (518) 477-4833

Consent for Student Covid-19 Testing

The East Greenbush Central School District is seeking your consent to test your child for COVID-19 infection using the COVID-19 Rapid Test. The use of this rapid test is being afforded to students participating in our interscholastic athletic program. Testing will be performed each week during the athletic season.

If you consent, your child may receive a free diagnostic test for the COVID-19 virus that will be administered by a certified or licensed medical provider (CNA, LPN, or RN) or otherwise trained and qualified individual. A rapid COVID-19 test will be used, which will involve inserting a small swab, similar to a Q-tip, into the front of the nose. We will notify you if your child tests positive for COVID-19. Any students who test positive will be sent home and must be kept at home until meeting Rensselaer County Public Health criteria to return to school. Please contact your child's doctor immediately to review the test results should your child test positive for COVID-19.

Testing is not mandatory, and no one will be excluded from team participation because they choose not to be tested.

**required information*

Student First Name *

Student Last Name*

Student Date of Birth (mm/dd/yyyy)*

Student Grade Level

Athletic Team and level (JV or Varsity)

The law requires and/or allows some information about your child to be shared with Rensselaer County Public Health Services about the COVID-19 results of each student who is tested, including the student's name, date of birth, race, ethnicity, gender, address, phone number, and the result of the COVID-19 test.

** Please see other side **

By submitting this form, I attest that:

- I submit this form freely and voluntarily, and I am legally authorized to make decisions for child named above
- I authorize the East Greenbush Central School District to test my child for COVID-19 infection.
- I understand that my child may be tested multiple times during the 2020-2021 school year.
- I understand that this consent form will be valid through this athletic season, unless I revoke such consent in writing.
- I authorize my child's test results and other information to be disclosed to any governmental entity as may be required or permitted by law.
- I acknowledge that a positive test result will require my child to be sent home from school and remain at home until he/she meets the criteria to return to school according to Rensselaer County Public Health.
- I understand that this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action regarding my child's test results. I agree that I will seek medical advice, care and treatment for my child from his/her medical provider if I have questions or concerns or if my child becomes ill or his/her condition worsens.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

Indicate your choice below:

- No, I do not give consent for testing
- Yes, I give consent for testing with the understanding above

Name of Parent/Guardian or student (if 18 years of age or older) providing/not providing consent: *

Name of Parent/Guardian *

Phone Number *

Email Address

Signature of Parent/Guardian *

Today's Date

A School and Community Working Together