

# Consent Form for Covid-19 Testing

We are seeking your consent to conduct surveillance and/or point of care testing on your child during the 2021-22 school year. The state requires schools to offer surveillance (screening) testing to unvaccinated students once per week with a parent or guardian's permission in places identified by the CDC as having moderate, substantial, or high transmission rates. Regardless of vaccination status, the district has determined to make testing available to all students subject to parental consent.

Only students whose parents or guardians consent to screening testing will be tested every week. The school will conduct point of care testing only if your child becomes symptomatic. Please visit <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html> for more information.

If you consent, your child will receive a free diagnostic test for the COVID-19 virus. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose. Please visit <https://youtu.be/AvFLbHbt1bs> for a video on this process.

Test results will be available to school staff within 15 minutes of collection. You will only be contacted if your child is positive. If your child's test results are positive, your child will be sent home. Contact tracing protocols will be implemented by the school. Please follow your local health department's requirement for isolation and/or quarantine. If your child's test results are negative, this means that the virus was not detected in your child's specimen. If your child tests negative for COVID-19, but they are still presenting symptoms, the school will follow its existing school illness policy. This may include being sent home and asking for a doctor's alternate diagnosis. If you have concerns about your child's exposure to COVID-19, you should call your local health department and your child's doctor.

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## \* Required

1. Email \*

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2. Parent/Guardian Information: (First and Last Name) \*

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3. Relationship to Student: \*

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4. Primary Phone Number: \*

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5. Student Participant Information: First and Last Name ("the student") \*

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6. Grade \*

*Mark only one oval.*

Pre Kindergarten

Kindergarten

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Grade

9th Grade

10th Grade

11th Grade

12th Grade

7. School \*

*Mark only one oval.*

- Bell Top
- D.P. Sutherland
- Genet
- Green Meadow
- Red Mill
- Goff
- Columbia

### Notification of Information Sharing

The law allows some information about your child to be shared with and among certain County and New York State agencies and their contracted service providers, including those listed below. This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19 and taking other steps to prevent the further spread of COVID-19 in your community. Information about your child that may be shared with these agencies and service providers conducting COVID-19 Testing includes your child's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), cohort/pod, enrollment and attendance history, and program participation, names of other family members or guardians, address, telephone, mobile number, and email address. Sharing of information about your child will only be done in accordance with applicable law and policies protecting privacy and the security of your child's data.

### Consent

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection based on consent below.
- I understand that my child may be tested at multiple times during the 2021-22 school year.
- I understand that my child's test results, and other information may be disclosed as permitted by law.

8. I consent to Surveillance testing for my child: \*

*Mark only one oval.*

- Yes
- No

9. I consent to Point of care testing for my child: \*

*Mark only one oval.*

Yes

No

10. Parent/Guardian Signature \*

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11. Date of Parent Signature \*

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*Example: January 7, 2019*

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