

## Covid Testing Student Consent Form

### SOUTH SENECA CONSENT FORM FOR COVID-19 TESTING

**What is this form?** We are seeking your consent to test your child for COVID-19 infection. South Seneca Schools will be working with Seneca County Department of Health and other providers to test our students, teachers, and staff members for COVID-19 infection as mandated to stay open if we become a designated yellow zone.

**How often would you test my child?** We are arranging for testing to happen only in the event that Seneca County becomes a designated yellow zone. "Schools in yellow zones must test at least 20% of in-person students, faculty, and staff over a two-week period immediately following the announcement of a yellow zone designation." If you consent, your child may be selected for testing on one or more of these occasions. In addition, your child may also be tested throughout the school year in accordance with state and city mandates, such as weekly testing in schools in yellow zones.

**What is the test?** 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. This will be a rapid 15 minute test where the inside edge of both nasals are swabbed, not the deeper parts of the nasal passages.

**How will I know if my child tests positive?** If your child has a specimen collected for testing at school, the Seneca County Department of Health will contact you to let you know. COVID-19 test results will generally be provided within 48-72 hours.

**What should I do when I receive my child's test results?** If your child's test results are positive, please contact your child's doctor immediately to review the test results and discuss what you should do next. You should keep your child at home and inform your child's school. If your child's test results are negative, this means that the virus was not detected in your child's specimen. Tests sometimes produce incorrect negative results (called "false negatives") in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor.

**What if I do not consent?** If you do not consent and the school becomes a designated yellow zone, your child may be randomly selected for testing. If this occurs and they have not been given consent, they may be required to leave school immediately and remain a virtual student for the remainder of the year or until the yellow zone designation has been lifted. The decision about the return will be made by the principal of your child's school.

#### TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

##### Parent or Guardian Information

Parent/Guardian Print Name:	
Parent/Guardian Address:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email address:	
<sup>1</sup> Best way to contact you	

1\*\*\*\*Please complete the front and back of this form.\*\*\*\*

Child/Student Information			
Child/Student Print Name:			
Child/Student School ID/OSIS #:		Child/Student Date of Birth:	
Child/Student School			
Child/Student Address:			

NOTIFICATION OF INFORMATION SHARING
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The law allows some information about your child to be shared with and among certain Seneca 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 school 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), classroom/cohort/pod, enrollment and attendance history, and after school or other 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 so in accordance with applicable law and policies protecting student privacy and the security of your child's data.

NY Department of Education	NYS Department of Health
Seneca County Department of Health	

Consent
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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.
- I understand that my child may be tested at multiple times through September 30, 2021, and that testing may occur (1) on days scheduled by the district in accordance with state and city mandates, such as weekly testing in schools in Yellow Zones
- I understand that this consent form will be valid through September 30, 2021, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning.
- I understand that my child's test results and other information may be disclosed as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

Signature of Parent/ Guardian* (if child is under age 18)		Date:
Signature of Student (if age 18 or over or otherwise authorized to consent)		Date :