



Yorktown Surveillance Testing for Students COVID-19 Testing Consent Form

Please review this consent form in its entirety. In participating in the Yorktown CSD COVID testing program, you agree to hold the District and its employees harmless from any bodily injury that may occur during the testing process.

The District will not perform testing on individuals who are symptomatic and/or any individuals who are under a mandated Department of Health quarantine order resulting from direct exposure to COVID in their household.

The test being used by the District is the Abbott BinaxNOW COVID-19 AG antigen test. This is a 15 minute rapid antigen test using a shallow nasal swab, similar to a Q-tip, to collect the sample. The sample will be collected by trained school personnel.

This consent form is to be completed by a parent/guardian prior to arriving for testing. If a student is symptomatic on the day of the test, please notify the nurse. Symptoms include, but are not limited to: fever, headache, congestion or runny nose, cough, loss of taste or smell, nausea or vomiting and diarrhea, and may develop 2-14 days after exposure to the virus.

Student First Name: _____ Last Name: _____

Address: _____ City/town/village: _____

Zip code: _____ County: _____ Best Contact Phone Number: _____

Gender: _____ Date of Birth: _____ School: _____

Have you been in school in the past 7 days? _____ Yes _____ No

FOR YHS ATHLETES ONLY-- Team/Level _____

I give permission for the Yorktown Central School District to:

- Collect a sample and test for COVID-19 using a rapid antigen test.
- I understand the school will notify me of the test result by phone or in person.
- I grant permission for the administration and school health office to be made aware of a positive test result.
- I understand that the test results and other information will be disclosed to the Department of Health as permitted and/or required by state law.

Parent Signature: _____

Date: _____

Note: Anyone who tests positive will be sent home and must remain home until meeting New York State Department of Health ("NYSDOH") criteria to return to school. Please contact your child's doctor immediately to review the test results and determine appropriate next steps should you test positive for COVID-19.

Note: This testing is for surveillance purposes only and not for diagnostic purposes. If you test negative but have or soon thereafter develop symptoms of COVID-19, or if you have concerns about a possible exposure to COVID-19, you should contact your healthcare provider.