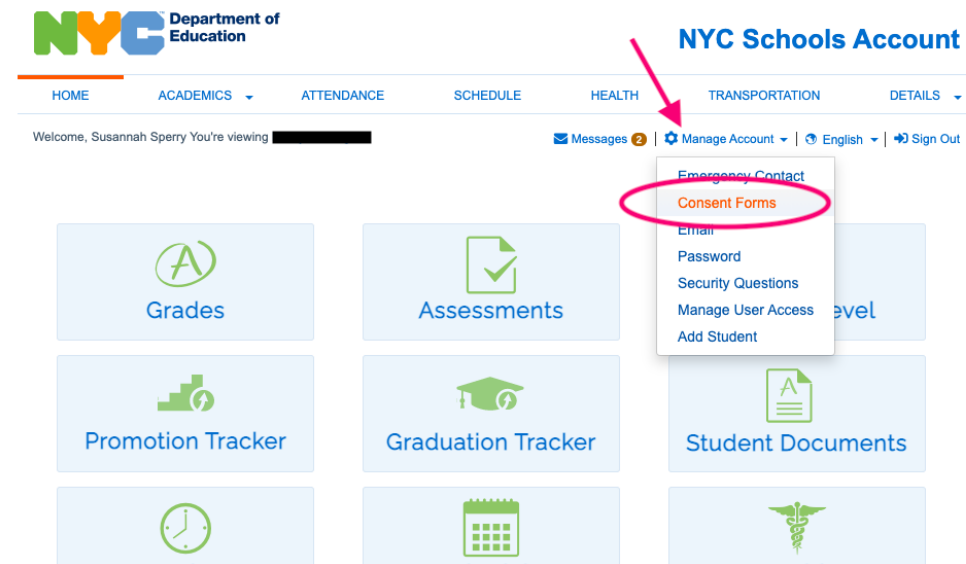


How to Submit COVID Testing Consent via NYCSA

- Login to mystudent.nyc
- Click on **Manage Account** and then you will see **Consent Forms** in the drop down menu that appears.



- Then, click Consent, check the box at the button, and click RESUBMIT

Consent Forms

COVID-19 Testing

As part of our efforts to keep schools safe, we are testing randomly selected students and staff in schools for COVID-19. In order for us to administer a COVID-19 test to your child, we need your consent. Please review our webpage on [COVID-19 Testing for Students and Staff](#) before submitting your consent.

Please indicate below whether you consent or deny that COVID-19 testing may be administered on the following students associated with your account:

[Redacted Student Name]	Consent Deny	Updated at school
[Redacted Student Name]	Consent Deny	Updated online

If you do not see your student listed above, please [try again](#) using the Student ID number.

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.
- 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 NYC DOE in accordance with state and city mandates, such as weekly testing in schools in Yellow Zones, or (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection.
- I understand that this consent form will be valid through September 30, 2021, unless I update the consent either by notifying the designated contact person from my child's school in writing that I revoke my consent, or by selecting "deny" above. If you make a change here, please notify your school as well.
- 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.

☒ I have read and agree to the information on the [webpage](#) and the consent details above.