

EDINBURG COMMON SCHOOL

Consent for Student Rapid COVID-19 Testing

December 2020

The Edinburg Common 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 would only occur if ECS is open for in-person instruction and falls within a state-designated "yellow zone". Schools in a "yellow zone" are required to test 20% of in-person students, teachers, and staff members to remain open for in-person instruction.

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 Saratoga 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 school because they choose not to be tested. However, if we do not receive consent from at least 20% of students and staff, we would likely be forced to shift to fully online instruction.

Please watch the video below for more details.

<https://www.adkhw.com/covid-video>

1. Student First Name (Please use full name, not a nickname)

2. Student Last Name

3. Student Date of Birth

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4. Student's Grade

5. Parent/Guardian Name

6. Parent/Guardian Address

7. Parent/Guardian Telephone #

8. Parent/Guardian Email Address

Notification of Information Sharing

The law requires and/or allows some information about your child to be shared with and among certain local County and New York State Public Health Agencies and their service providers. 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, teacher(s), classroom/cohort, 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 in accordance with applicable law and County or State policies protecting student privacy and the security of your child's data.

By digitally signing below, I attest that:

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- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I authorize the Edinburg Common School to test my child for COVID-19 infection.
- I understand that this consent form will be valid through June 30, 2021, 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 the local County Department of 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. Consent By selecting the choice below, I attest that I am the parent/guardian named above in Section 1, Question 5.

Yes, I provide consent.

No, I do not consent.

Signature of Parent/Guardian

Today's Date
