

School COVID-19 Testing Consent Form

Per the [The Commissioner's Determination on COVID-19 Testing Pursuant to 10 NYCRR 2.62](#) regular COVID-19 testing enables the immediate identification of COVID-19 positive individuals, even of those who are not symptomatic, so that they can isolate and prevent further transmission. Additionally, the reporting of a positive COVID-19 test results to public health authorities facilitates the rapid initiation of contact tracing to ensure close contacts are quarantined, tested, and isolated as needed. There are two kinds of tests for COVID-19: the PCR test and the antigen test (also known as a rapid test). Both tests require a specimen (sample) be collected (taken) from the person being tested. The sample is then tested to find out if the person has COVID-19. How a sample is collected depends on the type of test being used.

Only students whose parents/guardians has provided this signed consent form to the school will be tested.

A sample will be collected from your child by:

- Our school health personnel
 Health personnel from: _____

The following type of sample will be collected at school:

- Oropharyngeal Swab (throat) collected by trained healthcare personnel; or
 Nasal Swab (front/sides of nose) collected by trained healthcare personnel; or
 Nasopharyngeal Swab (deep in nose) collected by trained healthcare personnel; or
 A saliva (spit) sample from the mouth collected by the child while supervised.

Once a sample is collected the test is done to determine the results. Our school will be:

- Collecting samples to send to _____ to do the COVID-19 test
Name of Laboratory/Clinic/Hospital
- Collecting samples and doing the COVID-19 test at school using the following test:

Brand name and type of test

To be Completed by Parent/Guardian

Student Name: _____ DOB: _____ Gender: M F

Address: _____ Phone: _____ Grade: _____

I give permission for my child's school to:

- Collect a sample from my child and test for COVID-19.

**I understand the school will notify me if my child's test is negative by a letter sent home with my child.
If my child's test is positive for COVID-19 I will be notified by phone call.**

I understand that my child's test results and other information may be disclosed as permitted by law.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Please return this signed form to your child's school.