

## STUDENT CONSENT FORM FOR COVID-19 TESTING

### What is this form?

Upon signing, this form provides consent for school-based testing for COVID-19. The Stillwater Central School District is now able to offer on-site diagnostic screening for symptomatic individuals.

We are also offering on-site screening testing for asymptomatic students.

You will be able to choose what type(s) of testing you consent to on the consent form, if any.

### What are the tests?

If you consent to the diagnostic testing for symptomatic students, your child will receive a polymerase chain reaction (PCR) test, which are the most accurate tests for detecting the virus that causes COVID-19. Individuals will gently swab each nostril to obtain a sample for testing.

If you consent to the screening testing for asymptomatic students, your child will receive a rapid antigen test. Individuals will gently swab each nostril to obtain a sample for testing.

### How will I know if my child tests positive?

Results will be available about fifteen minutes after the specimen has been collected. Our school nurses will call parents/guardians of all positive students.

### 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 must keep your child at home.

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.

### NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with and among certain New York State and Saratoga County 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 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), cohort/pod, enrollment and attendance history, afterschool or other extracurricular 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 policies protecting privacy and the security of your child's data.

- The Stillwater Central School District
- Saratoga County Public Health Services
- The local health department where the student resides (if not Saratoga County)
- Contracted Service Providers for COVID-19 testing

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT	
Parent/Guardian Information	
Parent/Guardian Name:	
Parent/Guardian Address:	
Parent/Guardian Telephone/Mobile Number:	
Parent/Guardian email address:	
Best way to contact you	
Child Information	
Child's Name	
Child's Date of Birth	
Child's Home Address	
Child's Grade	

### CONSENT for Testing

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 August 31, 2022, and that testing may occur and I understand that this consent form will be valid through August 31, 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- 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 consent to have my child tested at school :

- when he/ she is symptomatic and requires a diagnostic COVID-19 test. We will make this testing available to students/ staff who become symptomatic during the school day or who stay home with symptoms. Those who stay home will be provided with a drive-up testing option.
- for screening purposes when he/ she is asymptomatic. This will also be the consent used for students who *test to stay* when the program is in place. Test to stay allows asymptomatic students to stay in school when they otherwise would be in quarantine.
- for both diagnostic and screening COVID-19 testing as noted above

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