

## School COVID-19 Testing Consent Form

The Governor's [Cluster Action Initiative](#) and the [New York State Department of Health \(NYSDOH\)](#) requires schools providing in-person instruction to test specific percentages of in-person students, teachers, and staff for COVID-19 if the school is in a designated yellow, orange, or red zone, in order to hold in-person teaching. 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: BinaxNOW™ COVID-19 Ag Card  
\_\_\_\_\_  
*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.**