

# Frontier Central School District School COVID-19 Testing Consent Form

Per 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.
- The following type of sample will be collected at school: Nasal Swab (front/sides of nose) collected by trained healthcare personnel
- Our school will be collecting samples and doing the COVID-19 test at school using the following test: Rapid Antigen Tests provided by Erie County Department of Health and New York State Department of Health

## 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 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.**