

NOTIFICATION OF INFORMATION SHARING AND CONSENT FORM FOR STAFF/EMPLOYEE/STUDENT COVID-19 TESTING

Please complete one Consent Form for each individual being tested

What is this form? The New York State Department of Health has released new guidelines for schools related to COVID-testing of students and staff. Pursuant to the New York State Department of Health’s Interim Guidance on Mandatory COVID-19 Testing in Public and Non-Public Schools Located in Areas Designated “Zones” under the New York State Cluster Action Initiative, schools are required to follow certain testing requirements. For example, if a community is designated to be in one of the “Zones” by New York State, COVID-19 testing would be mandatory for schools in the community to remain open for in-person instruction. Having your/parental consent in place in advance of any local or State designation will enable us to quickly begin the testing process as mandated by the State.

How often will you test my child? The School District has partnered with Healthcare Logics LLC and ATC Testing & Screening Services, LLC for testing related to the COVID-19 infection. If designated to be in one of the designated “Zones”, our contracted testing partners will come to the District on dates and times designated by the School District to test some of the staff, students, and their families. For parents, if you consent, your child may be selected for testing on one or more of these occasions.

What is the test? If you consent, your child will receive a test for the COVID-19 virus. There is no out-of-pocket cost if you have your health insurance card or a social security number. ATC will charge a \$100 fee if there is no insurance card or social security number. The School District’s contracted testing service provider will be administering the COVID-19 test on behalf of the School District.

How will I know if my child tests positive? COVID- 19 test results will generally be provided to you by the health lab within 2 – 3 days.

What should I do when I receive my/my child’s test results? If your/your child’s test results are positive, please immediately contact your/your child’s doctor to review the test results and discuss the next steps you should take. You should stay/keep your child at home and immediately inform your child’s school (if applicable). If your/your child’s test results are negative, this means that the virus was not detected in your/your child’s specimen. Tests **sometimes** produce incorrect negative results (called “false negatives”) in people who have COVID-19. If you/your child test(s) negative but has symptoms of COVID-19, or if you have concerns about your/your child’s exposure to COVID-19, you should call your/your child’s doctor.

Please take a few minutes to complete the information below, carefully review the Notification of Information Sharing and Consent Form and sign the Consent for you/your child to participate.

TO BE COMPLETED BY EMPLOYEE, PARENT, LEGAL GUARDIAN, OR ADULT STUDENT

Employee/Parent/Legal Guardian

Employee/Parent/Legal Guardian (Print Full Name):	Last Name:	First Name:
Employee/Parent/Legal Guardian Address:		
Employee/Parent/Legal Guardian Tel./Mobile # (mobile preferred):		
Employee/Parent/Legal Guardian Email address:		
Best way to contact you:		

Child/Student Information

Child/Student (Print Full Name):	Last Name:	First Name:
Child/Student School ID#:		Child/Student Date of Birth:
Child/Student School:		Child/Student Grade (K-12)
Child/Student Address:		

NOTIFICATION OF INFORMATION SHARING

The School District is partnering with a Healthcare Logics LLC, and ATC Testing & Screening Services, LLC, third-party health service providers, to conduct COVID-19 testing. As part of the School District’s compliance with the New York State Cluster Action Initiative, some information about you/your child will be shared with and among certain New York State agencies and contracted service providers, including the Local Department of Health, New York State Department of Health, the School District’s contracted service providers/consultants for COVID-19 testing, health care providers, the School District and School District officials. This information will be shared only for public health purposes, which may include notifying close contacts of you/your child if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in the school community. Information about you/your child that may be shared with these agencies and service providers conducting COVID-19 Testing includes your/your child’s name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom/cohort/pod, enrollment and attendance history, and afterschool or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address (“Personally Identifiable Information”), all as applicable. Sharing of information about you/your child will be done in accordance with applicable laws concerning protecting student privacy, including the Family Educational Rights and Privacy Act (“FERPA”) and the Health Insurance Portability and Accountability Act (“HIPAA”).

CONSENT

By signing below, I hereby acknowledge, attest and affirm that:

- I am an employee of the district, or the parent/legal guardian of the above-named student and have the legal authority to make medical and educational decisions for myself/this student/my child.
- I have read this [2 pages] COVID-19 Notification of Information Sharing and Consent Form in its entirety and fully understand the contents thereof.
- I hereby freely and voluntarily give consent for myself/my child to be tested for the COVID-19 virus by the School District and/or its Contracted Service Provider(s) without further notification.
- I understand that the School District is facilitating COVID-19 testing through a third party contracted testing service provider and that such third-party entity may require consent under the Health Insurance Portability and Accountability Act (“HIPAA”) and/or the completion of additional consent or other forms.
- I further understand that I/my child may be tested at multiple times through the 2020-2021 school year if the School District is in a designated zone (yellow, orange or red) and that testing will occur on days scheduled by the School District.
- I understand that the School District’s testing program will involve the disclosure of my/my child’s Personally Identifiable Information as described in the Notification of Sharing Information section of this Form and as further stated herein. I hereby consent to the disclosure of my/my child’s Personally Identifiable Information to the School District and School District officials, the District’s contracted service providers or consultants, health care providers, the local Department of Health and the New York State Department of Health for the purpose of addressing COVID-19 public health and safety issues, administering the COVID-19 testing program, and, if necessary, obtaining emergency treatment for me/my child.
- I understand that this Consent Form will be valid through June 25, 2021, unless I notify the school district / the principal of my child’s school **in writing** that I revoke my consent.
- I understand that I have the right not to sign this Consent Form or later revoke my consent, provided that such revocation shall not impact actions previously taken in reliance on my consent. For parents, if I revoke my consent or refuse to sign this Consent Form, my child may be required to continue his/her education via remote learning and may not be permitted to attend school for in-person instruction and any extracurricular activities.
- 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” or “your child” refer to me and I may sign this Consent Form on my own behalf.
- (For Parents), I understand and acknowledge that the School District will rely upon this Consent Form in considering whether to administer any COVID-19 Testing on my child.

Signature of Employee/Parent/Legal Guardian* (if child is under age 18)		Date:
Signature of Student (if age 18 or over or otherwise authorized to consent)		Date: