

Allegany-Limestone Central School District

Consent for Child's COVID-19 Testing by Parent/Legal Guardian

Child's Name: _____ **Date of birth:** _____

The Allegany-Limestone Central School District (the "District") is seeking your consent to test your child for COVID-19 infection. If you consent, your child may receive a free rapid antigen test for the COVID-19 virus that will be administered by a health professional from the District or the County Health Department.

A rapid COVID-19 test will be used, which will involve inserting a small swab, similar to a Q-Tip, into the front of the nose. You will be notified by the County Health Department, or the District if instructed by the County Health Department, if your child tests positive for COVID-19.

Any students who test positive will be sent home and must be kept at home until meeting Cattaraugus County Health Department criteria to return to school. Please contact your child's doctor immediately to review the test results should your child test positive for COVID-19.

The law requires and/or allows some information about your child to be shared with Cattaraugus County and New York State Public Health Agencies. This includes notifying the Cattaraugus County Health Department about the COVID-19 results of each student who is tested, including the student's name, date of birth, race, ethnicity, gender, address, phone number, and result of the COVID-19 test.

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 to my child being tested for COVID-19 infection.
- I understand that my child may be tested at multiple times during the 2020-2021 school year.
- I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.
- I understand that my child's test results and other information may be disclosed as permitted by law.

I hereby give my consent to the Allegany-Limestone Central School District or any person or agency acting as an agent for the District for COVID-19 testing for my child.

Signature of Parent/Guardian

Date

Print Name