

**NEWCOMB CENTRAL SCHOOL DISTRICT  
CONSENT FOR STUDENT RAPID COVID-19 TESTING**

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As you are most likely aware, COVID-19 cases are on the rise everywhere, including in our region. The State has instituted a cluster mitigation strategy to help protect citizens living in an area with a significant uptick in cases, as well as to hopefully prevent transmission in surrounding areas. Red zones are areas of micro-cluster, orange and yellow zones are buffering areas to prevent spread. Additionally orange and yellow zones can be designated independently based upon case metrics.

If Newcomb Central School is identified as being in a yellow zone, the school is mandated to test 20% of the school community. Therefore, the Newcomb Central School District is seeking your consent to test your child for COVID-19 infection in this event. If you consent, your child may receive a free diagnostic test for the COVID-19 virus that will be administered by our school physician assistant Mrs. Bolan. 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. If your child tests positive for COVID-19 you will be notified and your child sent home. You must keep your child at home until cleared to return by the Essex County Health Department. Please contact your child's health provider immediately to review any positive test results. If you do not consent, your child must learn remotely until the yellow zone designation is lifted.

The law requires and/or allows some information about your child to be shared with Essex County and New York State Public Health Agencies. This includes notifying the Essex 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 authorize the Newcomb Central School District to test my child for COVID-19 infection.
- I understand that my child may be tested 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 authorize my child's test results and other information to be disclosed to any governmental entity as may be required or permitted by law.
- I acknowledge that a positive test result will require my child to be sent home from school and remain at home until he/she meets the criteria to return to school according to the Essex County Health Department.
- I understand that this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action regarding my child's test results. I agree that I will seek medical advice, care, and treatment for my child from his/her medical provider if I have questions or concerns or if I become ill or my condition worsens.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

<b>Student Name:</b>	<b>DOB:</b>
<b>Parent Signature:</b>	<b>Student Grade:</b>
<b>Parent Name (Print):</b>	<b>Date:</b>