

Valley Central School District Consent for Student Rapid COVID-19 Testing for Unvaccinated Individuals

The Valley Central School District requires your consent to test your child for COVID-19 infection as part of the District's Test to Stay program. If you consent, in lieu of being excluded from school during the period of quarantine, your child will receive a rapid NAAT or antigen diagnostic test for the COVID-19 virus when they arrive at school up to three times during their seven day period of quarantine. The test will be administered by a licensed medical provider (LPN or RN). 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 negative they will be eligible to attend school that day. If your child tests positive for COVID-19 they will be excluded from school per existing procedures, contact tracing will be conducted, and the test results will be provided to the Department of Health. Please contact your child's doctor immediately to review the test results should your child test positive for COVID-19.

You are required to:

- 1. Take your child's temperature before they leave for school and evaluate for symptoms of Covid-19**
- 2. Provide a working phone number**
- 3. Have a person ready to pick up your child should they test positive. If your child tests positive and a person is unavailable to pick up their child in a reasonable amount of time, TTS may not be used again.**

Please print except for signature

Parent Name: _____

Student First Name: _____

Student Last Name: _____

School: _____

Date: _____

The law requires and/or allows some information about your child to be shared with Orange County Department of Health and New York State Department of Health.

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.

- By checking yes below, I authorize the Valley Central School District to test my child for COVID-19 infection as part of its Test to Stay program.
- I understand that if I do not provide consent to the Valley Central School District to test my child, then I must keep my child out of school during the entire period of quarantine per the New York State Department of Health guidelines.
- I understand that this consent form will be valid **through June 30, 2022**, unless I revoke such consent in writing. If revoked, I understand my child will no longer be tested, and if my child is still under a period of quarantine, will be required to remain excluded from school until the quarantine has concluded.
- I authorize my child's test results and other information to be disclosed to the Orange County Department of Health as required or permitted by law.
- 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.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

Yes, I Provide Consent

No, I Do Not Provide Consent

Signature of Parent/Guardian: _____

Date: _____