



YPS STUDENT CONSENT FORM COVID-19 SURVEILLANCE TESTING through August 31, 2022

What is this form? The Yonkers Public Schools (YPS) is seeking your voluntary consent for your child to participate in COVID-19 surveillance testing. YPS collaborated with the New York State Department of Health to provide COVID-19 rapid surveillance testing in schools using the BinaxNOW™ COVID-19 Ag Card Test. The weekly goal is to conduct up to 20% COVID-19 rapid surveillance tests on eligible adults and students in schools across the district.

How often would you test my child? If you consent, your child may be selected for surveillance testing one or more times each month through August 31, 2022. In addition, your child may also be tested throughout the school year if your child exhibits one or more symptoms of COVID-19, or if your child is a close contact of a student, teacher, or staff person with a confirmed COVID-19 infection.

What is the surveillance test? Your child will receive a free BinaxNOW™ COVID-19 Ag Card Test that has received FDA Emergency Use Authorization for a rapid digital health solution. The school nurse will administer the test when your child arrives at school in the morning using a simple nasal swab, similar to a Q-Tip, to insert into the front of the nose. In 15 minutes, the BinaxNOW card gives a result.

How will I know my child tests results? The day your child has a surveillance test collected at school, the test results will be sent home with your child. If the surveillance test is positive, the school nurse or administrator will immediately contact you.

What should I do when I receive my child's test results? If your child's COVID-19 surveillance test results are positive, please contact your child's doctor immediately to review the test results and discuss what you should do next. You must keep your child at home. Tests sometimes produce incorrect positive results (called "false positives") in people who do not have COVID-19; discuss this with your doctor.

If your child's test results are negative no action is required, this means that the virus was not detected in your child's specimen. Tests sometimes produce incorrect negative results (called "false negatives") in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor.

Who should I contact if I have questions about the surveillance testing or test results?

Questions will be answered by the District's Health Services professionals via email at Healthservices@YonkersPublicSchools.org or by calling 914-376-8226.

NOTIFICATION OF INFORMATION SHARING

Federal and state law allow for some information about your child to be shared with and among YPS and other local officials, including, but not limited to the YPS Student Health & Wellness Department, New York State and Westchester County Departments of Health. Information sharing is only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in our school community. This information may include 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. Sharing of information is in accordance with applicable law and City policies protecting student privacy and the security of your child's data.



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COVID-19 SURVEILLANCE TESTING
through August 31, 2022**

Carefully read the Informed Consent. 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 below;
- I consent for my child to participate in the YPS COVID-19 rapid surveillance testing in school;
- I understand that my child may be tested at multiple times and that testing may occur on (1) days scheduled by the Yonkers Public Schools or (2) if my child exhibits one or more symptoms of COVID-19 or (3) if my child is a close contact of a student, teacher, and/or staff member with a COVID-19 infection;
- I understand that this consent form will be valid through August 31, 2022, unless I notify the Yonkers Public Schools in writing that I revoke my consent;
- I understand that my child's test results and other information may be disclosed as permitted by law;
- I understand that if I am a student eighteen (18) years of age or older, or may otherwise legally consent for my own health care, references to "my child" refer to me, and I may sign this form on my own behalf;

I understand that if I choose not to proceed and electronically authorize my signature, my child will not participate in the YPS COVID-19 Surveillance Testing.

ACCEPTANCE

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have reviewed and received a copy of this informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to COVID-19 surveillance testing for my child. A separate form must be submitted for each child.

Yes, I hereby authorize the use of my signature: Print your full name to serve as your signature to confirm consent for participation in the surveillance testing program based on the information listed in the first section of this form. Print Name Below:

Parent/Guardian Address	
Parent/Guardian Phone Number	
Parent/Guardian Email	
Student's Last Name	
Student's First Name	
Student's ID Number	
Student's Date of Birth (mm/dd/yyyy)	
Student's Address (if different than Parent/Guardian address above)	
Student's School	

Please confirm that your child has NOT been diagnosed with COVID-19 in the past 90 days.
INSERT BOX **My child has NOT been diagnosed with COVID-19 in the past 90 days**