



## YONKERS PUBLIC SCHOOLS CONSENT FORM FOR COVID-19 TESTING

*Innovation • Inspiration • Excellence for All*

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**What is this form?** The Yonkers Public Schools is seeking your consent to test your child for COVID-19. The Yonkers Public Schools, in collaboration with the New York State Department of Health, the Westchester County Department of Health, and with MedRite Urgent Care, have partnered with laboratories and other providers to test Yonkers Public Schools students, teachers, and staff members for COVID-19.

**How often would you test my child?** In accordance with New York State's guidance, the Yonkers Public Schools is arranging for our testing partners to come to every school at least once a month to test some of the students and staff. If you consent, your child may be selected for testing on one or more of these occasions. In addition, your child may also be tested throughout the school year (1) in accordance with state and City of Yonkers mandates, such as biweekly randomized testing in schools in Yellow Zones, or (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection.

**What is the test?** **If you consent**, your child will receive a free diagnostic test for the COVID-19 virus. Collecting a specimen for testing which involves inserting a small swab, similar to a Q-Tip, into the front of the nose and/or collecting saliva (spit).

**How will I know if my child tests positive?** If your child has a specimen collected for testing at school, we will send information home with them to let you know. COVID-19 test results will generally be provided within 48-72 hours.

**What should I do when I receive my child's test results?** If your child's COVID-19 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 and inform your child's school. If your child's test results are negative, 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.

### **NOTIFICATION OF INFORMATION SHARING**

Federal and state law allow for some information about your child to be shared with and among Yonkers Public Schools, and other local officials, including, but not limited to the Yonkers Public Schools Student Health & Wellness Department, the New York State Department of Health, Westchester County Department of Health, and MedRite Urgent Care. This information will be shared 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 your school community. Information about your child that may be shared with these agencies and service providers conducting COVID-19 Testing includes 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.

[yonkerspublicschools.org](http://yonkerspublicschools.org)

Revised

Sharing of information about your child will only be done so in accordance with applicable law and City policies protecting student privacy and the security of your child's data.

**REQUIRED INFORMATION**

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian address: \_\_\_\_\_

Parent/Guardian telephone #: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Child/student name (print name): \_\_\_\_\_

Child Student ID: \_\_\_\_\_

Child/Student date of birth: \_\_\_\_\_

Child/Student School: \_\_\_\_\_

Child/Student address (if different than above): \_\_\_\_\_

**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 above;
- I consent for my child to be tested for COVID-19;
- I understand that my child may be tested at multiple times through June 30, 2021, and that testing may occur on (1) days scheduled by the Yonkers Public Schools in accordance with New York state, County of Westchester, and City of Yonkers mandates, such as biweekly randomized testing in schools in Yellow Zones; or (2) if they exhibit one or more symptoms of COVID-19; or (3) if they are 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 June 30, 2021, unless I notify the Yonkers Public Schools **in writing** that I revoke my consent;
- I understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning;
- 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 agree and acknowledge that I have carefully read and reviewed this form, understand it fully, and am signing it voluntarily:**

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

**Student Signature (if over 18 years of age):** \_\_\_\_\_

**Student Name (PRINT):** \_\_\_\_\_

**Date signed:** \_\_\_\_\_