



CONSENT FOR COVID-19 TESTING ON SITE

INFORMATION

WHAT IS THIS FORM?

Based on state mandate, we are seeking your consent to test your child for COVID-19 infection.

WHAT TEST IS USED?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus. This test is the Abbott BinaxNow Short Swab Rapid Test.

WHEN WILL THE RESULTS BE AVAILABLE?

The result is available within 15 minutes of performing the test.

NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with those among certain Erie County and New York State agencies and their contracted service providers. The information will only be shared for public health purposes to prevent the further spread of COVID-19 in the community. Sharing of information will only be done so in accordance with applicable state and county policies protecting student privacy and the security of your child's data.

CONSENT

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decision for the child named
- If I give consent, I allow my child to be tested for COVID-19 infection
- I understand that my child may be tested at multiple times through June 2021
- I understand that this consent form will be valid through June 2021, unless I notify Nativity of Mary School 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 as outlined by county and state guidelines
- I understand that my child's test results and other information may be disclosed as permitted by law for public health

STUDENT/PARENT INFORMATION

CHILD'S FULL NAME

DATE OF BIRTH

MALE/FEMALE

GRADE

STREET ADDRESS

CITY/STATE/ZIP

PARENT/GUARDIAN COMPLETING FORM

PHONE

PARENT/GUARDIAN EMAIL ADDRESS

PLEASE SELECT ONE:

- I give consent to test my child for COVID-19 *with* my presense
- I give consent to test my child for COVID-19 *without* my presense
- I **DO NOT** give consent to test my child for COVID-19

PARENT/GUARDIAN SIGNATURE _____ DATE _____