

Frewsburg Central School District

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(716) 569-7041



Consent for Pooled Testing

In order to address the transmission of COVID-19, the Commissioner of Health for the State of New York has directed P-12 schools to offer screening testing on a weekly basis in geographic areas identified by the CDC as having moderate, substantial, or high transmission rates.

What is this form? The Frewsburg Central School District offers to test your child for COVID-19. Our district, in collaboration with the New York State Department of Health, and the Chautauqua County Health Department have partnered with laboratories and other providers to test students, teachers, and staff members in accordance with the Commissioner of Health's directive and New York State's efforts to support in-person learning.

What happens if I consent? Upon consent, your child will receive free diagnostic testing for the COVID-19 virus administered by trained staff and/or one of our testing partners.

What is the test? Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the mouth and collecting saliva (spit) from both areas between the cheeks and teeth.

How will I know if my child tests positive? Once all samples have been collected for the day, we will send them off to Quadrant's lab to be analyzed. Results will be returned within 24-48 hours and will be available for you to view by logging into the website at app.Clarifi-COVID-19.com. Any students who tests positive will be sent home and must follow the quarantine and isolation orders of the Chautauqua County Health Department before a return to school. Please contact your child's primary care provider immediately to review the test results should your child test positive for COVID-19.

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. If your child's test results are negative, this means that the virus was not detected in your child's specimen. Note that tests can 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 immediately contact 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 your child's home school district, and other local officials, including, but not limited to the New York State Department of Health, the Chautauqua County Health Department, and the testing partners. This information will be shared only for public health purposes, which may include notifying 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. Sharing of information about your child will only be done in accordance with applicable law, regulation, and Board of Education Policies.

Student's Name (print): _____

Student's DOB: _____

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 Frewsburg Central School District and/or its contractors 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, 2022, unless I revoke this 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/they meet(s) the criteria to return to school according to the Chautauqua 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 medical treatment in light of the test results.
- ☒ I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- ☒ 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:

Student Name (print): _____

Student Signature (if over 18 years of age): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Date Signed: _____

Please return to your child's school.