

**Sauquoit Valley Central School Consent to Test for COVID-19
Parent Consent Form**

The District has received multiple shipments of COVID-19 home test kits to be used as needed to mitigate the spread of COVID-19. These tests will be available to test students and staff while in school as the need arises. In order to test your child in school, we are required to obtain parental consent. Therefore, we have attached a consent form for your review and submission should you wish to have your student tested in school. If you submit a signed consent form to have your child tested for COVID-19, it will be in effect through the end of the 2021-2022 academic year. This is completely voluntary and no student will be tested without written consent from a parent or person in parental relation to the student. Furthermore, school officials will notify you before any testing is performed on a student. Please understand, as outlined below, this voluntary consent may be revoked in writing at any time. You may complete the consent to test form online here, or print the form and send it to your child's school at any time. The form will also be posted on the District website. We appreciate your cooperation and support in promoting the safety and health of our school community.

My signature below indicates agreement with the following:

- 1. I am the parent or person in parental relation (PIPR) to the student listed below (the "Student").*
- 2. I voluntarily provide my ongoing consent for my Student to be tested for COVID-19 under applicable guidelines during the 2021-22 academic year..*
- 3. I understand my Student may be tested, voluntarily, at multiple times during the 2021-2022 academic year.*
- 4. I understand I may revoke my consent for my Student to be tested for COVID-19 at any time, as long as the revocation is in writing and delivered to the School District.*
- 5. I understand my Student's test results and other information may be disclosed to the local and State Departments of Health, as well as the New York State Education Department, as permitted by law.*
- 6. I understand that, should my Student test positive for COVID-19, they will not be permitted to return to school until they meet the County Health Department criteria for return to school, and that I must contact the Student's physician immediately to review the results.*

I understand and agree to follow the terms and conditions described above.

Parent/ Guardian Name

Parent/Guardian Email

Parent/Guardian Signature

Parent/Guardian Phone

Date