



BUFFALO PUBLIC SCHOOLS

Student Consent for COVID-19 Testing

What is this form? We are seeking your consent to test your child for COVID-19 infection. The Buffalo Public School District is partnering with our Supplemental Health Care school nurses to test students for COVID-19 infection per the New York State Department of Health mandate.

What is the test? If you consent, your child will receive a free COVID-19 test. The test involves inserting a small swab, similar to a Q-Tip into the front of the nose.

What if my child is sick? The COVID-19 test performed in school is not intended for sick children (see COVID-19 Daily Screener). If your child is sick, your child should remain at home and you should contact your child's primary care office for questions.

How often would you test my child? If you consent, your child may be selected for random testing in accordance with NYS Department of Health mandates, until further notice.

How will I know if my child has COVID-19? If the test results show COVID-19, we will call the parent/guardian using the contact information that you provide below. Parent/guardian will be expected to pick up their child from school. If the test results do not show COVID-19, the child will be given a letter to inform you of the result. **Please ensure contact information is up-to-date and notify the school if this changes.**

What should I do if my child has COVID-19? You should keep your child and household contacts at home. Most people have mild COVID-19 illness and can recover at home without medical care. Contact your doctor if you have questions about your child's health. For more information, visit: <https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>

NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with and among New York State agencies and their contracted service providers, including NYS Department of Health. 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 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 testing includes your child's name and COVID-19 test result, date of birth/age, gender, race/ethnicity, school name, teacher, classroom/cohort, enrollment and attendance history, names of other family members or guardians, address, telephone, and mobile number. Sharing information about your child will **only** be done so in accordance with applicable law protecting student privacy and security of your child's data.

TO BE COMPLETED BY PARENT OR GUARDIAN	
Parent/Guardian Information	
Parent/Guardian Name	
Parent/Guardian Address	
Parent/Guardian Tel./Mobile #	
Child/Student Information	
Child/Student Name	
Child/Student Date of Birth	
Child/Student Address	
School Name	
Grade Level	
Homeroom Teacher Name	

CONSENT

- I have signed this form freely and voluntarily, and I am legally allowed to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested multiple times, and that testing may occur on days scheduled by the Buffalo Public School District in accordance with state mandates.
- I understand that the consent form will be valid until further notice, unless I notify the designated contact person from my child's school **in writing** that I revoke my consent.
- I understand that the District cannot require staff and students to be tested. If the District is unable to obtain the required number of tests, a shift to a full-remote instructional model for all students will likely occur.
- I understand that my child's test results and other information may be disclosed as permitted by law.

PLEASE check one area below and sign

_____ I consent and agree to my child being tested for COVID-19

_____ I decline COVID-19 testing of my child at this time

Signature of Parent/Guardian _____ Date _____
 (if child under age 18)