

City School District of New Rochelle  
Parent/Guardian Consent Form  
COVID-19 Testing

December 11, 2020

**What is this form?** The City School District of New Rochelle (“CSDNR”) is seeking your consent to test your child for COVID-19. New Rochelle Schools in partnership with the New York State Department of Health, and the Westchester County Department of Health will test CSDNR students on school premises utilizing district medical staff under the supervision of CSDNR Medical Director, Dr. Brooke Balchan.

**How often would you test my child?** In accordance with New York State guidance, the New Rochelle School District will test some students and staff in school areas located within designated “Yellow, Orange or Red Cluster Zones” zones over the period of one month. Your child may be tested on one or more occasions. In addition, if a zone designation changes, your child may also be tested throughout the school year in accordance with NYSDOH and Executive Orders from the Governor.

**What is the test?** If you consent, your child will receive a free diagnostic test for the COVID-19 virus. The test includes collecting a specimen which involves inserting a small swab, similar to a Q-Tip, into the front of the nose. It is quick, easy, and safe.

**How will I know if my child tests positive?** After your child has a specimen collected and processed by our medical staff, test results will be provided the day of the test. If your child is negative, you will receive a letter from the school; if your child is positive, you will receive a phone call and a letter from the school.

**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 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. Test results 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, your child should not attend school and 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 New Rochelle Schools and other local officials, including, but not limited to the CSDNR Health Services Department, the New York State Department of Health, and the Westchester County 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 the further spread of COVID-19 in our school community. Information about your child that may be shared with these agencies and/or 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, teacher(s), classroom/cohort/pod, enrollment and attendance history, after-school 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 and CSDNR 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: \_\_\_\_\_

Student Name (Print Name): \_\_\_\_\_

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

Student Date of Birth: \_\_\_\_\_

Student School: \_\_\_\_\_

## 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 testing may occur on days scheduled by the City School District of New Rochelle in accordance with NYSDOH and WCDH designation of schools in "Yellow, Orange or Red Cluster" Zones;
- I understand this consent form will be valid through June 30, 2021, unless I notify the City School District of New Rochelle **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 by remote learning;
- I understand my child's test results and other information may be disclosed as permitted by law.

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 Name(Print)\_\_\_\_\_

Date Signed\_\_\_\_\_