

Covid-19 Rapid Test at OLBR School

Parent/Guardian, Student, Staff Consent Form

What is this form?

We are seeking your consent to test for COVID19 infection in accordance with New York State guidelines and requirements for In School Learning. Our Lady of Black Rock School is working with the Erie County Health Department to test students, staff, and teachers.

How often is test giving?

Your child and staff members of OLBR School may be tested throughout the school year 2020-2021 in accordance with state and county health department guidelines such as bi-weekly testing requirements for schools located in designated yellow, orange, and red zones. If you consent, your child may be selected on one or more of these occasions. Notifications will go out to notify you of testing days.

What is the test?

The test that will be used is the Binax NOW rapid test. The FDA describes it as a sterile swab similar to a Q-tip inserted less than one inch into the nostril and rotated five times or more against the nasal wall, which will then be repeated in the other nostril.

How will I know if my child tests positive?

If your child tests positive, the parent/guardian will be notified by our school nurse immediately. If a staff member test positive, you will be notified by our school nurse immediately. The individual will be required to isolate at home. Please contact your doctor to review and discuss the positive test result.

TO BE COMPLETED BY PARENT, GUARDIAN, STAFF

Parent/Guardian *OR* Staff Information

Parent/Guardian Print Name:
Parent/Guardian Address:
Parent/Guardian Tel./Mobile #:
Parent/Guardian Email address:

Our Lady of Black Rock School *Student* Information

Student Print Name:	Grade:
Student Date of Birth:	

Signatures of consent are signed on reverse side of this form

NOTIFICATION OF INFORMATION SHARING

The law allows some information about testing data to be shared with and among certain New York State agencies and their contracted service providers. 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.

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 infection.
- I understand that my child may be tested at multiple times through August 31, 2021.
- I understand that this consent form will be valid through August 31, 2021, unless I notify the designated contact person from my child’s 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.
- I understand that my child’s test results and other information may be disclosed as permitted by law.
- I understand that if I am 18 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.

For Student

Signature of Parent/ Guardian* (if child is under age 18)

Date

For Staff

Signature of Staff Member (over 18 years old)

Date
