

Consent for Student COVID-19 Rapid Testing at King Center Charter School

King Center Charter School is seeking your consent to test your child for COVID-19 infection. If you consent, your child may receive a free diagnostic test for the COVID-19 virus that will be administered by medical staff/or Aveanna Health agency. The Abbott BinaxNow COVID Ag card rapid test will be used, which involves a non-invasive lower nasal swab.

We will notify you if your child tests positive for COVID-19. Any student who tests positive will be sent home and must remain at home until meeting Erie County Department of Health's and King Center Charter School's criteria to return to school. Please contact your child's doctor immediately to review the test results if your child tests positive for COVID-19.

STUDENT'S NAME _____

STUDENT'S DATE OF BIRTH _____

STUDENT'S GRADE _____ **Home Room** _____

New York State and /or local COVID-19 regulations and orders permit and/or mandate that some information about your child be shared with the Erie County Department of Health and New York State Public Health Agencies. King Center Charter School is required to notify New York State Health Department and/or Erie County Department of Health about the COVID-19 test results for each student who is tested, and the School must include each tested student's name, date of birth, race, ethnicity, gender, address, phone number and COVID-19 test result.

By signing below, I (the parent or guardian) attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.
- I authorize King Center Charter School to test my child for COVID-19 infection.
- I understand that my child may be tested multiple times during the 2021-2022 school year.
- I understand that this consent form will be valid through to June 30, 2022, unless I revoke such consent in writing.
- I authorize my child's test results and other information to be disclosed to any government 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 meets the criteria to return to school according to the Erie County Department of Health and King Center Charter School.
- 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 test results. I agree that I will seek medical advice, care, and treatment for my child from his/her medical provider if I have questions or concerns.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

Signature of parent/guardian

Date