

NOTRE DAME CATHOLIC ACADEMY OF RIDGEWOOD CONSENT FORM FOR COVID-19 TESTING

What is this form?

Governor Cuomo has issued a mandate that all schools located within the Yellow COVID Zone require a weekly random testing of 20% of the Administration, Faculty, Staff and Student Population to continue in person instruction. To comply with the NY State Mandate, we are seeking your consent to be tested for COVID-19 infection. The schools within the Diocese of Brooklyn has partnered with **myOnSite Healthcare** to test students, teachers, and staff members for COVID-19 infection.

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus. Collecting a specimen for testing involves a Q-Tip like swab to swab the nasal passage. **The tests being used are the Rapid Tests Kits issued by New York State- AVID Bi-Naxow COVID -19 AG Card**

How will I know if my child tests positive?

If your child has a specimen collected for testing at school, we will send information home with them to let you know. COVID-19 test results will generally be provided within 48-72 hours.

What should I do when I receive my child’s test results?

If your child’s test results are positive, please contact your child’s doctor immediately to review the test results and discuss what you should do next. You should 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. Tests **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, you should call your child’s doctor. If you need help finding a doctor, call (844) NYC-4NYC.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

| | |
|--------------------------------|--|
| Parent/Guardian Print Name: | |
| Parent/Guardian Address: | |
| Parent/Guardian Tel./Mobile #: | |
| Parent/Guardian Email address: | |
| Best way to contact you | |
| Insurance Carrier | |
| Insurance ID # | |

Child/Student Information

| | | | |
|------------------------------|--|------------------------------|--|
| Child/Student Print Name: | | | |
| Child/Student Grade | <table border="1"> <tr> <td>Child/Student Date of Birth:</td> <td></td> </tr> </table> | Child/Student Date of Birth: | |
| Child/Student Date of Birth: | | | |

| | |
|---------------------------|--|
| Child/Student School | |
| Child/Student Address: | |

NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with and among certain New York City and New York State agencies and their contracted service providers, including those listed below. 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 your school community. Information about your child that may be shared with these agencies and 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(s), teacher(s), classroom/cohort/pod, enrollment and attendance history, and afterschool 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 so in accordance with applicable law and City policies protecting student privacy and the security of your child's data.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Office of the Superintendent of Schools • NYC Department of Health and Mental Hygiene • NYS Department of Health | <ul style="list-style-type: none"> • NOTRE DAME CATHOLIC ACADEMY OF RIDGEWOOD • NYC Health and Hospitals Corporation • Contracted Service Providers for COVID-19 Testing |
|--|--|

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 September 30, 2021, and that testing may occur (1) on days scheduled by **NOTRE DAME CATHOLIC ACADEMY OF RIDGEWOOD** in accordance with state and city mandates, such as weekly testing in schools in Yellow Zones, or (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection.
- I understand that this consent form will be valid through September 30, 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 a student age 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.

| | | |
|--|--|------|
| Signature of Parent/ Guardian* (if child is under age 18) | | Date |
| Signature of Student (if age 18 or over or otherwise authorized to consent) | | Date |