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Consent for COVID-19 Test

November 30, 2020

Dear Byron-Bergen Families,

Over the past month, many of our neighboring school districts in Monroe County have received a "yellow zone" or "orange zone" designation from New York State under the Governor's micro-cluster zone classification system. At this time, the Byron-Bergen Central School District currently **does not** fall under either of these designations. School Districts in yellow zones must test 20% of in-person students, faculty and staff over the two-week period immediately following the announcement of a yellow zone designation. If the results of the testing reveal that the positivity rate among the 20% of those tested is lower than the yellow zone's current 7-day positivity rate, testing at that school will no longer be required to continue. Failure to meet the testing standards will result in a mandatory transition to a fully remote learning model.

As a proactive measure, the District is requesting consent for your child(ren) to be able test them if we receive a yellow zone designation. Please fill out this electronic form in order for your in-person student (fully in-person or hybrid) to receive the free diagnostic test while at school. You will need to fill one out for every student you have attending Byron-Bergen Central School District. Please complete this form by Monday, December 7th.

- The test is different from the ones you may have already experienced. The new rapid COVID-19 test that will be used is less invasive and involves a quick swab inside the lower part of the nose.
- Tests will be administered by our school nurses or by trained District staff members, at no cost to the parent.
- Parents and guardians of tested students will be contacted with results later that day. In the case of a positive result, you will also be contacted by your County Health Department to evaluate quarantine and begin contact tracing.
- You will be notified before any testing is done, with communication going out 48 hours in advance if your child is selected. You will have an opportunity to be present if you choose.

For additional Frequently Asked Questions, information and a video demonstration of the type of test please visit our website - <http://www.bbschools.org/COVID-19Information.aspx>.

By selecting "yes" below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named in this form.
- I consent to my child being tested for COVID-19 infection.
- I understand that my child may be tested at multiple times during the 2020-21 school year.
- I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.
- I understand that my child's test results and other information may be disclosed as permitted by law.
- I understand that should my child test positive for COVID-19, they will not be permitted to return to school until they meet your County's Health Department criteria for returning to school.
- I understand that should my child test positive for COVID-19, I must contact my child's physician immediately to review the test results.

By checking either box, I understand that an electronic signature is the equivalent of a handwritten signature and is legally binding. I will not in the future claim that my electronic signature is not binding. By selecting this box, I warrant that I am the parent or guardian of the student and the truthfulness of the information provided in this document.

Student Name

Student ID#

Student Grade Level

Student Class

Date *

☐ I consent to having my child tested by Byron-Bergen Central School District.

☐ I do not consent to having my child tested by Byron-Bergen Central School District.

Parent/ Guardian Name

Parent/ Guardian Email

Parent/ Guardian Phone

Information entered on this form will be visible to the post admins and ParentSquare admins

Signature

Date

<input type="text"/>	<input type="text"/>
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Duplicate