

**Student COVID-19 Testing Consent Form
R & E May School 2023-24 School Year**

Complete and return to Health Services

Phone: (518) 453-6750 | Fax: (518) 453-6785 | E-Mail: qdiamond@st-cath.org

Student's First & Last Name _____ **Student's Date of Birth** _____

I hereby knowingly and voluntarily consent to my child's participation in the R&E May School COVID-19 Testing program.

I understand that if my child exhibits symptoms of COVID-19, my child is eligible to receive a **FREE** screening test for the COVID-19 virus that will be administered by trained and qualified school nursing staff.

Testing will involve inserting a swab, similar to a Q-Tip, into the front of the nose for several seconds.

I will be notified of my child's test results immediately upon their availability, if they are positive.

I understand that I may not be notified if results are negative unless I request such results.

I understand that if my child tests positive, s/he will be sent home and must be kept at home until meeting New York State Guidelines and R&E May School COVID-19 policy criteria to return to school.

I understand that I have the right not to give consent.

I also understand that I may withdraw my consent in writing at any time provided that such revocation shall not impact actions previously taken in reliance of my consent.

I DO CONSENT for my child to have COVID-19 testing at R & E May School

I DO NOT CONSENT for my child to have COVID-19 testing at R & E May School

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

