

GREATER AMSTERDAM SCHOOL DISTRICT

Consent Form for COVID-19 Testing for Athletics During 2021-22 School Year

What is this form?

We are seeking your consent to test your student-athlete for COVID-19 as a condition of participating in athletics during the 2021-22 school year.

How often would you test my child?

School staff will test 10% of **unvaccinated** GASD student athletes within a high risk designated sport on a weekly basis.

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 inserting a small swab, similar to a Q-Tip, into the front of the nose. Please visit <https://youtu.be/AvFLbHbt1bs> for a video on this process.

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

Test results will be available to school staff within 15 minutes. You will only be contacted if your child is positive. If your child’s test results are positive, please contact your child’s doctor immediately to review the results and discuss what you should do next. You should keep your child at home and inform your child’s principal. If your child’s test results are negative, this means that the virus was not detected in your child’s specimen. 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 or a local urgent care facility.

Parent/Guardian/Staff Member Information

Parent/Guardian Print Name	
Parent/Guardian Address	
Parent/Guardian Phone/Cell	
Parent/Guardian Email Address	
Best way to contact you	

Child Information

Child Print Name			
School ID # (if known)		Child Date of Birth	
Child’s School			
Child Home Address			

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Notification of Information Sharing

The law allows some information about your child to be shared with and among certain County 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 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), cohort/pod, enrollment and attendance history, and 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 in accordance with applicable law and policies protecting privacy and the security of your child's data.

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 during the 2021-22 school year for participation in school athletics.
- 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 participant 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 behalf.

Signature of Parent/Guardian (if child is under age 18)		Date
Signature of Adult Staff Participant (if age 18 or over or otherwise authorized to consent)		Date