



SY22-23 CONSENT FORM FOR COVID-19 SCREENING

What is this form?

We are seeking your consent to test your child for COVID-19 infection. Schools in Onondaga County have partnered with the Onondaga County Health Department (OCHD) to provide screening in each school building.

How often would you test my child?

We are arranging to screen students, teachers, and staff periodically throughout the 2022-2023 school year. If you consent, your child may be selected for testing on one or more of these occasions in accordance with program guidelines. In addition, your child may also be tested throughout the duration of the program (1) in accordance with state and county mandates, or (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a participant, teacher, or staff person with 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 involves your child swabbing the inside of their mouth using a small swab, similar to a Q-Tip, to collect saliva for testing.

How will I know if my child tests positive?

The laboratory that is doing the testing is Quadrant Biosciences in Syracuse, NY. In order to screen quickly as many students as possible, the samples are initially “pooled.” This means that 12 samples will be run together and OCHD and schools will know when a pool is positive in 24 hours. Individual results will be available in an additional 12 hours. Results will be provided to parents through the laboratory app or portal. Schools and OCHD will ensure all guardians and parents are notified as soon as any positive result is known.

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 keep any other close household contacts who are NOT vaccinated home as well. If your child’s test results are negative, this means that the virus was not detected in your child’s specimen.

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Parent/Guardian Information

Parent/Guardian Print Name:			
Parent/Guardian Address:			
Parent/Guardian Telephone/Mobile #:			
Parent/Guardian Email address:			
Best way to contact you:			

Child Information

Child Print Name:			
Child School:		Child Date of Birth:	

NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with the Onondaga County Health Department, New York State Health Department, contracted service providers for COVID-19 testing, and your or your child’s school and school district. 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 our 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, 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 Onondaga County 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 indicate my consent or refusal for my child to be tested for COVID-19 infection.
- I understand that (1) (if I consent to pooled testing) my child may be tested at multiple times through July 1, 2023, and that testing may occur on days scheduled by OCHD in accordance with program guidelines or state and County mandates, and/or (2) (if I consent to diagnostic testing) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a participant, teacher, or staff person with COVID-19 infection.
- I understand that this consent form will be valid through July 1, 2023, unless I notify the designated contact person from my child’s school in writing that I revoke my consent.
- 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 own behalf.

CONSENT for Pooled Test (samples of saliva taken from groups of students for surveillance purposes). By signing below, I indicate my approval of consent for testing for COVID-19 in the school setting for myself / my child:

I DO CONSENT to pooled testing

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