

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NEW YORK 12883

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"SENTINELS FOR EXCELLENCE"

School COVID-19 Testing Consent Form - Student

The Governor's Cluster Action Initiative and the New York State Department of Health (NYSDOH) REQUIRES schools providing in-person instruction to test specific percentages of in-person students, teachers and staff for COVID-19 if the school is in a designated yellow, orange or red zone, in order to hold in-person teaching. There are two kinds of tests for COVID-19: the PCR test and the antigen test (also known as a rapid test). Both tests required a specimen (sample) be collected (taken) from the person being tested. The sample is then tested to find out if the person has COVID-19. How a sample is collected depends on the type of test being used.

Only students whose parents/guardians has provided this signed consent form to the school will be tested.

A sample will be collected from your child by:

- Our school health personnel

The following type of sample will be collected at school:

- Nasal swab (front/sides of nose) collected by trained healthcare personnel

Once a sample is collected the test is done to determine the results. Our school will be:

- Collecting samples and doing COVID-19 screening at the school using the following test:
 - COVID-19 BINAX or ID -Now

To be Completed by Parents/Guardian

Student Name: _____ Grade: _____ DOB: _____ Gender: M F

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Address: _____ Phone: _____

I give permission for my child's school to:

- Collect a sample from my child and screen for COVID-19.

I understand that school will notify me if my child's test is negative by a letter sent home with my child.
If my child's test is positive for COVID-19 I will be notified by phone call.

I understand that my child's test results and other information may be disclosed as permitted by law.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Please return signed form to your students's Main Office