



COVID-19 Testing Consent: Students

St. Mary's School for the Deaf (SMSD) is seeking your consent to test your child(ren) for COVID-19 virus. We are working collaboratively with the NYS Department of Health to test students, teachers, and staff members for COVID-19 infection.

We will only be working with those families willing to consent. Once you provide consent, you can rescind this consent by submitting this request in writing. *There is no consequence for any student/ family that chooses not to participate.*

Parent/Guardian Information	
Please provide the most current contact information for the parent(s) or guardian(s) providing consent and receiving results.	
Name:	
Address:	
Cell Phone:	

Children in Family			
Please complete below for up to four children/family members. The parent/guardian is providing consent for all children submitted below.			
Child #1 Name:		Child #1 Grade:	
Child #2 Name:		Child #2 Grade:	
Child #3 Name:		Child #3 Grade:	
Child #4 Name:		Child #4 Grade:	

Parental Consent
<p>NOTIFICATION OF INFORMATION SHARING</p> <p>The law allows some information about your child to be shared with and among certain Erie 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 school community.</p> <p>Information about your child that may be shared with these public health agencies includes your child's name and COVID-19 test results, and date of birth/age. Sharing of information about your child will only be done so in accordance with applicable law and St. Mary's School for the Deaf policies protecting student privacy and the security of your child's data.</p> <p>CONSENT</p> <ul style="list-style-type: none"> • 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 through the end of the 2020-2021 school year, and that testing may occur on days scheduled by St. Mary's School for the Deaf to comply with testing requirements set forth by state or local mandates. • I understand that this consent form will remain valid 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 to those public health agencies listed above. • I understand that if I am a student 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.

I acknowledge and provide consent as outlined above.

Signature:	Date:
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