



September 3, 2021

Dear Parent/Caregiver:

The New York State COVID-19 guidance continues to change.

We will once again need to have Student Daily Health Screening Questionnaires submitted daily. Please be sure to send a completed screening form to school with your child(ren) everyday to avoid any delays in the start of their school day. We have included a few extra copies of the Questionnaire with this letter. This form can also be found on the SMSD website. Please be sure we have a current phone number on file in case we have to contact you due to missing forms or an emergency.

PLEASE NOTE: At this time COVID-19 testing is optional for students, but guidance can change at any moment. We must have a testing consent form on file for every student. If you have not completed and returned a testing consent form for your child(ren) yet, there is an additional copy attached.

Again, under the current New York State Department of Health (NYSDOH) guidance/guidelines, COVID-19 testing is optional for families. You are not required to have your child tested, but St. Mary's must offer you that option.

If you would like your child(ren) to be tested for COVID-19 on a weekly basis by staff certified to do so at St. Mary's School for the Deaf, please call our Department Secretaries to let us know (Mary Reddington in Elementary 716.834.7200 Ext. 117 and Amy Pettapiece in Secondary 716.834.7200 Ext. 144). Testing results will only be shared if positive.

Please know that we will always prioritize student safety. I appreciate your patience and flexibility.

Sincerely,


Timothy M. Kelly,
School Superintendent



STUDENT DAILY HEALTH SCREENING QUESTIONNAIRE

The health and safety of our students is our primary concern. All parents/guardians are required to ensure their child/children are not experiencing any signs and symptoms of COVID-19 and do not have a fever of 100.0 degrees or more prior to attending school in-person.

The student may only attend school in-person if all of the following statements are true:

- I took the temperature of the below named student, and that the student's temperature is less than 100.0° F.
- Neither the student, nor anyone residing in the student's household, currently has or had ANY of the following COVID-19 symptoms within the last 10 days:

Fever of 100.0° F or greater	Muscle or body aches
Cough	Sore throat
Shortness of breath or difficulty breathing	New loss of taste or smell
Chills	Gastrointestinal symptoms (nausea, vomiting or diarrhea)
Headache	Congestion or runny nose

*Note: Symptoms attributed to chronic conditions such as asthma and allergies or chronic gastrointestinal conditions may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat and are not considered symptoms of COVID-19.

- The student has not tested positive for COVID-19 within the last 10 days.
- The student has not knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19.

I hereby certify that the above statements are ALL true. I also affirm that I must notify the school nurse if the student develops symptoms or if my answers to the screening questionnaire change.

Student Name(s)

Parent/Guardian Name

Parent/Guardian Signature

Date

Please provide us with your current contact phone number: _____

If you cannot certify these statements, you may not send your child to school in-person and you should contact a school nurse for further guidance at (716) 834-7200 Ext. 129 or infirmary@smsdk12.org.



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3. The student has not tested positive for COVID-19 within the last 10 days.
4. The student has not knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19.

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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 as part of Erie County's Micro-cluster designation.

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 (SMSD Students)

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

NOTIFICATION OF INFORMATION SHARING

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.

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.

CONSENT

- 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 school year, and that testing may occur on days scheduled by St. Mary's School for the Deaf to comply with testing requirements of New York State's Micro-cluster strategy.
- I understand that this consent form will be 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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