

Caregiver Consent for COVID-19 Testing

Beginning January 4, 2021, the Ithaca City School District will begin a COVID-19 surveillance testing program for students and staff. Our district is not required to engage in testing. Our schools do not fall into any of the state's identified clusters or zones. This reflects our commitment to keeping our schools open for both distance and in-person learning.

School nurses and other trained staff will use test kits provided by the NYS Department of Health. Sampling requires a swab just inside the nose. Tests are free, provided at no cost to students and staff. Modeling our program after New York State's "Yellow Zone" requirements, we will test 20% of in-person students and staff over each 2-week period.

In preparation, Ithaca City School district is requesting you complete a consent form as indicated below. This will allow your child to be tested for COVID-19 at school. We will not test your child without your consent. More information available here:

<https://www.ithacacityschools.org/reopen>

***Required**

1. Child's First Name: *

2. Child's Last Name: *

3. Child's Grade: *

Mark only one Oval.

Pre-Kindergarten

Kindergarten

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Grade

9th Grade

10th Grade

11th Grade

12th Grade

4. Child's Date of Birth *

Example: January 7, 2019

5. Child's ICSD Student ID #:

If unknown, leave blank

6. Child's School: *

Mark only one oval.

Belle Sherman Elementary

Beverly J. Martin Elementary

Boynton Middle School

Caroline Elementary

Cayuga Heights Elementary

DeWitt Middle School

Enfield Elementary

Fall Creek Elementary

Ithaca High School

Lehman Alternative Community School

Northeast Elementary

South Hill Elementary

By Completing the fields below, I attest that:

(TO BE COMPLETED BY PARENT/GUARDIAN FOR CHILD UNDER 18)

- I authorize that my child may be tested for COVID-19 infection.

- I understand that my child may be tested at multiple times through June 30, 2021, and that testing may occur (1) as scheduled by ICSD (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection.
- I authorize the exchange of protected health information (PHI) and personally identifiable information as permitted by law for reporting purposes.
- I understand that this consent form will be valid through the end of the 2020-21 school year, unless I notify the designated contact person from my child's school in writing that I revoke my consent.

7. Name of Parent/Caregiver Completing This Form: *

(First and Last Name)

8. Relationship to The Child:

Mark only one oval.

Parent

Legal Guardian

Person possessing lawful order of custody

Person in parental relation

Student's Emergency Contacts In case we need to send students home please provide emergency contact information below.

Emergency Contact 1

9. Emergency Contact #1 Name:
(First and Last Name)

10. Emergency Contact #1 Phone Number:

11. Emergency Contact #1 Email Address:

12. Do you give permission for this contact to pick up your child from school in an
Emergency?

Mark only one oval.

Yes

No

13. Emergency Contact #1 Address

14. Can the student be dropped off at this address in an emergency?

Mark only one oval.

Yes

No

Emergency Contact 2

15. Emergency Contact #2 Name:

(First and Last Name)

16. Emergency Contact #2 Phone Number:

17. Emergency Contact #2 Email Address:

18. Do you give permission for this contact to pick up your child from school in an Emergency?

Mark only one oval.

Yes

No

19. Emergency Contact #2 Address

20. Can the student be dropped off at this address in an emergency?

Mark only one oval.

Yes

No