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