



Waterloo Central School District

COVID-19 Testing Parental Consent Form

Dear Waterloo Families,

In recent weeks, you may have become aware of the “yellow zone” designation for areas in our region. In order to keep students coming to school for in-person instruction, Waterloo Central School District must test 20% of in-person students, faculty and staff over the two-week period immediately following the announcement of a yellow zone designation. We are currently preparing for testing should our region be designated as a yellow zone. If the results of the school district testing reveal that the positivity rate among the 20% of those tested is lower than the yellow zone’s current 7-day positivity rate, testing at that school will no longer be required to continue. A positivity rate in a school that is lower than in the yellow zone is a sufficient demonstration that in-person instruction is not a significant driver of local viral spread. The current positivity rate for zones can be found at, <https://forward.ny.gov/percentage-positive-results-county-dashboard>.

However, if the results of the testing over the first two weeks reveal that the positivity rate among in-person students and staff is higher than the Yellow Zone’s current 7-day positivity rate, the school will be required to continue to test 20% of the in-person population on a bi-weekly basis.

If Waterloo CSD is unable to meet this state requirement, we will need to move everyone to fully remote instruction until the region is no longer designated as a yellow zone.

- The test is different from the ones you may have already experienced. The new rapid COVID-19 test that will be used is less invasive and involves a quick swab inside the lower part of the nose.
- They will be done on campus by trained staff, at no cost to the parent.
- You will be notified within 24 hours of any positive result by a member of our nursing staff.
- You will be notified before any testing is done, with communication going out if your student is selected for the testing group.

We are doing our very best to keep our kids in school. We will need your assistance with testing. Testing will occur on Wednesdays at each school. We have fewer students in school on Wednesdays and parents would have the option of bringing their child into school to be present while they are tested. If we cannot get enough

students tested on Wednesday of the first week, we will also test on Thursday. We will call families who have consented to the testing to set up appointments so each family is aware of when their child will be tested.

Please fill out this form in order for your student to receive the free diagnostic test while at school, or to opt your child out of testing.

You will need to fill one out for every student you have attending Waterloo Schools. Forms need to be completed and returned to your child's school by November 30, 2020. **We need a form returned for every child.**

Again, if we are not able to meet the 20% staff and student population testing required by the New York State Department of Health, should we be in a yellow zone, we will move to all remote instruction for all students.

I understand this is a frightening time in our schools, in our community, and in our state. We are hoping we do not fall into a yellow zone, but if we do, we want to be fully prepared to offer testing so we can safely keep our doors open to our kids and our staff for as long as we possibly can.

Please contact your child's Building Principal if you have any questions about yellow zone testing.

Sincerely,

Terri Bavis

Superintendent of Schools

COVID-19 Testing Parental Consent Form

By selecting "yes" below, I attest that:

- *I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named in this form.*
- *I consent to my child being tested for COVID-19 infection.*
- *I understand that my child may be tested at multiple times during the 2020-21 school year.*
- *I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.*
- *I understand that my child's test results, and other information may be disclosed as permitted by law.*
- *I understand that should my child test positive for COVID-19, they will not be permitted to return to school until they meet the Health Department's criteria for returning to school.*
- *I understand that should my child test positive for COVID-19, I must contact my child's physician immediately to review the test results.*

StudentName

Student GradeLevel

Student Building or Program

I consent to having my child tested by **DISTRICT**.

I do not consent to having my child tested by DISTRICT.

Parent/ Guardian Name

Parent/Guardian Email

Parent/Guardian Phone

Signature

Date
