

## SCHOOL CONSENT FORM FOR COVID-19 TESTING

### What is this form?

We are seeking your consent to test your child for COVID-19 infection. Brownsville Multi-Service Family Health and Wellness Center (BMS) has partnered with laboratories and other providers to test Imagine Me Leadership Charter School students, teachers, and staff members for COVID-19 infection.

### How often would you test my child?

We are arranging for the laboratory and provider testing partners to come to our school at least once a month to test some of the students and staff. If you consent, your child may be selected for testing on one or more of these occasions. In addition, your child may also be tested throughout the school year (1) in accordance with state and city mandates, such as weekly testing in schools in Yellow Zones, or (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.

### What is the test?

**If you consent**, your child will receive a free diagnostic test for the COVID-19 virus. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose and/or collecting saliva (spit).

### How will I know if my child tests positive?

If your child has a specimen collected for testing at school, we will send information home with them to let you know. COVID-19 test results will generally be provided within 48-72 hours.

### What should I do when I receive my child's test results?

If your child's test results are positive, please contact your child's doctor immediately to review the test results and discuss what you should do next. You should keep your child at home and inform the school. If your child's test results are negative, this means that the virus was not detected in your child's specimen. Tests **sometimes** produce incorrect negative results (called "false negatives") in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor. If you need help finding a doctor, call (844) NYC-4NYC.

**Continued**



## TO BE COMPLETED BY PARENT or GUARDIAN of IMLCS STUDENT

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named below.
- I consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested at multiple times, and that testing may occur (1) on days scheduled by IMLCS in accordance with state and city mandates, such as weekly testing in schools in Yellow Zones, or (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 understand that this consent form will be valid through September 30, 2021, unless I notify the designated contact person from my child’s school **in writing** that I revoke my consent.
- I understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning.
- I understand that my child’s test results and other information may be disclosed as permitted by law.
- 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.

### Parent/Guardian Information

Parent/Guardian Print & Sign Name:

Parent/Guardian Address:

Parent/Guardian Tel./Mobile Number:

Parent/Guardian Email address:

Best way to contact you:

### Child/Student Information

Child/Student Print Name:

Child/Student School ID/OSIS #:

Child/Student Date of Birth: