



**District Office**  
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## CONSENT FOR STUDENT RAPID COVID-19 TESTING

The Elmira Heights Central School District is seeking your consent to test your child for COVID-19 infection. If you consent, your child may receive a free rapid antigen test. A rapid COVID-19 test will be used, which will involve inserting a small swab, similar to a Q-Tip, into the front of the nose. If your child has a specimen collected for testing at school, we will send information home with him/her to let you know. If your child tests positive you will be contacted to come get them immediately as well as any other students who live in the home. Any student who tests positive and close contacts must be kept home until Chemung County Health Department's criteria to return to school.

STUDENT INFORMATION			
<b>Name:</b>	_____		
<b>Date of Birth:</b>	_____		
<b>Address:</b>	_____		
<b>Phone Number:</b>	_____		
<b>Race:</b>	Asian/Pacific Islander    Black    Native American/Alaskan Native    Multiracial    Other    Unknown    White		
<b>Ethnicity:</b>	Hispanic	Non-Hispanic	Unknown

The law requires and/or allows some information about your child to be shared with Chemung County and New York State Public Health Agencies. This includes notifying the Chemung County Health Department about the COVID-19 results of each student who is tested, including the student's name, date of birth, race, ethnicity, gender, address, phone number and notifying close contacts of your child if they have been exposed to COVID-19 and taking other steps to prevent the spread of COVID-19.

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 above.
- I authorize the Elmira Heights Central School District to test my child for COVID-19
- I understand that my child may be tested at multiple times during the 2020-2021 school year.
- I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.
- I authorize my child's test results and other information to be disclosed to any governmental entity as may be required or permitted by law.
- I acknowledge that a positive test result will require my child to be sent home from school and remain at home until he/she meets the criteria to return to school according to the Chemung County Health Department.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone Number**