



LEVITTOWN PUBLIC SCHOOLS

150 Abbey Lane
Levittown, NY 11756
(516) 434-7030



School COVID-19 Testing Consent Form

What is this form? The New York State Department of Health has released new guidelines for schools related to the participation of students in higher risk sports and recreation. Pursuant to district guidelines, students are required to follow certain testing requirements if they wish to participate in higher risk sports/recreation. Students who wish to participate in higher risk sports/recreation must undergo weekly COVID-19 testing. Said testing will be conducted with parental consent. The School District Nurses will be administering these tests.

How often will you test my child? Your child will be tested weekly during the sports season in which the student is participating. If you or your child refuses to be tested, they will not be permitted to participate in the sport.

How will I know if my child tests positive? If your child tests positive you will be notified by phone within an hour.

Only students whose parents/guardians has provided this signed consent form to the school will be tested.

A sample will be collected from your child by:

Our school health personnel

Health personnel from: _____

The following type of sample will be collected at school:

Oropharyngeal Swab (throat) collected by trained healthcare personnel; or

Nasal Swab (front/sides of nose) collected by trained healthcare personnel; or

Nasopharyngeal Swab (deep in nose) collected by trained healthcare personnel; or

A saliva (spit) sample from the mouth collect by the child while supervised.

Once a sample is collected the test is done to determine the results. Our school will be:

Collecting sample to send to _____ to do the COVID-19 test

Collecting sample and doing the COVID-19 test at school using the following test:

Abbott Labs-BinaxNOW Antigen

To be Completed by Parent/Guardian

Student Name: _____ DOB: _____ Gender M F

Address: _____ Phone: _____ Grade: _____

I give permission for my child's school to:

Collect a sample from my child and test for COVID-19. (Weekly sample will be taken)

If my child's test is positive for COVID-19, I will be notified by phone call.

I understand that my child's test results and other information may be disclosed as permitted by law.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____