

Berne-Knox-Westerlo School District
NYSDOH COVID-19 Student Testing
Parental Consent Form

STUDENT NAME: _____

SCHOOL: _____

GRADE: _____

I am the parent/legal guardian of the above-named student and have legal authority to make medical and educational decisions for him/her. I have been advised that pursuant to the New York State Department of Health's (NYSDOH) Interim Guidance on Mandatory COVID-19 Testing in Public Schools Located in Areas Designated as "Red Zones", "Orange Zones" or "Yellow Zones" (referred to herein as "Designated Zone" or "Designated Zones") under the New York State Cluster Action Initiative ("NYSDOH Interim Guidance"), schools are required to follow certain testing requirements applicable to such designated zone.

I understand the Berne-Knox-Westerlo School District ("District") is facilitating COVID-19 testing through a partnership with a third-party entity. I understand the third-party entity may require consent under the Health Insurance Portability and Accountability Act ("HIPAA").

I understand the Berne-Knox-Westerlo School District ("District") is conducting and administering COVID-19 testing as a registered Limited Service Laboratory.

I understand that the District's testing program will involve the disclosure of my child's Personally Identifiable Information, including my child's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom/cohort/pod, enrollment and attendance history, and afterschool or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address (hereinafter referred to as "Personally Identifiable Information"). I understand the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. I understand the District has created a Student Records Policy setting forth my rights under FERPA that is available on the District website. I understand I have the right under FERPA not to consent to the release of my child's Personally Identifiable Information to third parties, in which case my child's Personally Identifiable Information will only be disclosed as otherwise authorized under State and federal law.

I understand that I have the right not to sign this consent. I understand that I may revoke my consent in writing at any time provided that such revocation shall not impact actions previously taken in reliance of my consent. I understand that if I revoke consent or refuse to provide consent my child may be assigned to remote instruction and may not be permitted to attend school for in-person instruction and extra-curricular activities.

I hereby voluntarily consent to COVID-19 testing of my child at no charge to me in accordance with NYSDOH Interim Guidance for such period of time as is minimally required by NYSDOH in

the event the District is identified as being located in a Designated Zone. I understand the District will use reasonable efforts to notify me prior to administering the COVID-19 test, but this may not always be practicable, in which case I consent to my child being administered the COVID-19 test without further notice. I understand my child may be tested multiple times while the District remains in a Designated Zone.

I further hereby consent to the disclosure of my child's Personally Identifiable Information to the District and District officials, third-party entities, the District's contractors or consultants, health care providers, the local Department of Health ("LHD") and/or the New York State Department of Health ("NYSDOH") for the purpose of addressing COVID-19 public health and safety issues, administering the COVID-19 testing program, and, if necessary, obtaining emergency treatment for my child.

I understand additional disclosure of my child's Personally Identifiable Information may be required, in which case I will be asked to provide further consent unless the disclosure of the Personally Identifiable Information is permissible without my consent under State and Federal law.

I understand the District will advise third parties who receive my child's Personally Identifiable Information of their obligation to maintain the privacy and security of this information, but the District does not control the actions of third parties who receive information released pursuant to this consent.

My consent to testing of my child as specifically set forth herein shall terminate upon the District's removal from all Designated Zones, though I understand and extend my consent to such testing of my child as is specifically set forth herein should the District again be identified by NYSDOH as being located in a Designated Zone at any time during the 2020/2021 school year.

PRINT NAME, Parent/Legal Guardian

SIGNATURE, Parent/Legal Guardian

DATE

For Students age 18 and over:

I am a student age 18 or older or otherwise can legally consent for my own health care, references to "my child" refer to me and I am signing this form on my own behalf.

PRINT NAME, Student

SIGNATURE, Student

DATE