



COVID-19 Testing Parental Consent Form

To our Rochester City School District Families:

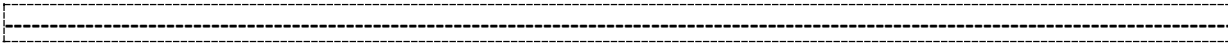
In order to continue having students attend school for in-person instruction, the RCSD will need to test a percentage of students and staff for COVID-19 every month. If our District is unable to meet this state requirement, we will need to return all students to fully remote instruction. Below are a few points to consider:

- 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.
- Testing will be done on campus by a trained member of our nursing staff, at no cost to the parent. You will be notified before any testing is done. You will be contacted if your child’s test comes back positive.
- Testing is also available if your child shows symptoms of COVID-19 while at school.

Please fill out this form in order for your student to receive the free diagnostic test while at school.

You will need to fill one out for EACH student you have attending a Rochester City School.

PLEASE RETURN THIS FORM TO YOUR CHILD’S SCHOOL.



COVID-19 Testing Parental Consent Form

Student Name	Grade	School	Teacher
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_____ I consent to having my child tested at school.

- I understand that this consent form will be valid through June 30, 2021, unless I notify the designated contact person from my child’s school in writing that I revoke my consent.
- 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 state and local guidelines.
- I understand that this testing does not replace treatment by my child’s medical provider, and I assume complete and full responsibility to take appropriate action regarding my child’s health and medical care as well as in response to any test results.

_____ I do NOT consent to having my child tested at school.

_____ I will have my child tested by their physician or at a community site when I can be present and provide the school with a copy of the result.

Parent/Guardian Name	Parent/Guardian Email	Parent/Guardian Phone
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Parent/Guardian Signature	Date
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