

## **MECHANICVILLE CITY SCHOOL DISTRICT**

Mr. Thomas Berrigan, MCSD Athletic Director

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

The Mechanicville City School District (the "District") is seeking consent to test your child for COVID-19 infection. If you consent, your child may receive a free diagnostic test for the COVID-19 virus that will be administered by qualified personnel. 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. We will notify you if your child tests positive for COVID-19. Any students who test positive will be sent home and must be kept at home until meeting Saratoga County Health Department criteria to return to school. Please contact your child's physician immediately to review the test results should your child test positive for COVID-19.

The law requires and/or allows some information about your child to be shared with Saratoga County and NYS Public Health Agencies. This includes notifying the Saratoga 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 result of the COVID-19 test.

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I authorize the Mechanicville City School District to test my child for COVID-19 infection.
- I understand that my child may be tested 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 Saratoga County Health Department.
- 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 test results. I agree that I will seek medical advice, care, and treatment for my child from his/her medical provider if I share questions or concerns or if I become ill or my condition worsens.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

**Please Read and Sign at the end of this document. This form is to be filled out by parents/guardians only!**

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## **Affirmation Sheet Questions**

Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?

Have you tested positive through a diagnostic test for COVID-19 in the past 14 days?

Have you experienced any symptoms of COVID-19, including a temperature of greater than 100.0° F in the past 14 days?

Symptoms include:

- Fever or chills (100° F or greater);
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting and/or diarrhea

**IMPORTANT INFORMATION:** by signing or providing an electronic signature on the last page of this document you agree to the following for yourself and your child (student-athlete). Both must sign where needed.

1. You have completed and returned the Interval Health Exam Form (30 day update).
2. You have provided any further medical information needed to the Health Office.
3. Proof of a current physical submitted to the Health Office.
4. You have given consent for Student Rapid COVID-19 testing with the possibility of being included in a random sample to be selected and tested in the school district.
5. You have read the concussion protocol sheet and clearly understand the inherent risks involved in participating in athletic competitions/practice, and the procedures set in place by the district to protect the student/athlete. You accept the district's medical director's evaluation determining when and if the student/athlete may resume athletic competition/practice. You give your son/daughter permission to participate.
6. You understand and give permission for daily affirmation questions and/or forms to be filled out on a daily basis.
7. You agree to follow ALL school/academic and athletic codes of conduct (these can be found in the student handbook and any additional information will be provided regarding the code of conduct and academic policies by the athletic director.
8. Emergency Medical Permission slip provided by the coach will be returned as soon as possible.

## **ANY QUESTIONS TO THE ABOVE REQUIREMENTS MAY BE DIRECTED TO:**

Mr. Thomas Berrigan, Athletic Director [tberrigan@mechanicville.org](mailto:tberrigan@mechanicville.org)

Paula Dunn, Health Office clerk [pdunn@mechanicville.org](mailto:pdunn@mechanicville.org)

Yvonne Lajeunesse, Jr/Sr High School Nurse [ylajeunesse@mechanicville.org](mailto:ylajeunesse@mechanicville.org)

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**PERMISSIONS TO BE SIGNED FOR ATHLETIC PARTICIPATION**

**By signing or providing an electronic signature on THIS page you agree to ALL of the policies set forth above by the district for participation in athletics for both yourself and your child (student-athlete)**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Level:** \_\_\_\_\_

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Students Signature:** \_\_\_\_\_

**THIS DOCUMENT COVERS THE PERMISSIONS/AGREEMENTS FOR THE FOLLOWING**

**Consent for Student Rapid COVID-19 Testing for athletics**  
**Consent for Affirmation Sheet/Questionnaire**  
**Student Code of Conducts for school/athletics**

The requirements below need to be turned in separately

**Interval Health Exam (30 day update)**  
**Concussion Protocol**  
**Emergency Medical Permission Slip**

**"May Carry" notes from MD if needed**  
**Any additional health history needed**