

CHAPPAQUA CENTRAL SCHOOL DISTRICT
COVID-19 CONSENT FOR TESTING FORM
Limited Service Laboratory PFI: Z560
CLIA # 33D2206403

On February 2, 2021, the Westchester County Department of Health issued guidance for school districts' participation in higher-risk sports effective February 1, 2021. While the Westchester County Department of Health ("WCDOH") is not currently mandating testing, the District believes that testing of student-athletes who participate in higher-risk sports is an integral part of running its higher-risk sports in a manner that will facilitate the detection and isolation of individuals who test positive for COVID-19 but are otherwise asymptomatic.

Weekly testing is required for any student-athlete who wishes to participate in higher-risk sports. This testing is especially important in light of the new variants that are emerging, some of which are significantly more contagious than the original strain of the 2019 novel coronavirus. For students who elect to participate in higher-risk winter sports, the District will be requiring weekly COVID-19 testing, utilizing the Abbott BinaxNOW COVID-19 Rapid Antigen Test. Trained District personnel will collect samples. This test uses a Nasal Swab (front/sides of nose) for sample collection. **Only students whose parents/guardians have provided this signed consent form to the school will be tested.** Due to the higher-risk nature of volleyball and football, consent for weekly testing will be a condition-precedent to participation in such privileged sporting activities.

Refusal to participate in the District's sports testing program will render students ineligible to engage in either games or practices.

Please take a moment to complete this form to provide consent for this COVID-19 rapid antigen testing to occur and to provide the necessary information to comply with the NYSDOH testing and reporting requirements.

Required Information for NYS Electronic Clinical Lab Reporting System:

Student Name (please print)
Last:
First:
Middle:

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Home Address	Parent/Guardian Name	Cell Number

*Required DOH Gender Designations: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth: _____ Age: _____ Grade: _____
*Required DOH Ethnicity Designations: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino <input type="checkbox"/> Unknown	
*Required DOH Race Designations: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
*Sport <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Football - Var. <input type="checkbox"/> Football - JV <input type="checkbox"/> Football - Modified <input type="checkbox"/> Ice Hockey <input type="checkbox"/> Boys Basketball - Var. <input type="checkbox"/> Boys Basketball - JV/Freshman </div> <div> <input type="checkbox"/> Volleyball - Girls Var. <input type="checkbox"/> Volleyball - Girls JV A/B <input type="checkbox"/> Volleyball - Girls Modified Bell <input type="checkbox"/> Volleyball - Girls Modified 7B <input type="checkbox"/> Girls Basketball - Var. <input type="checkbox"/> Girls Basketball - JV <input type="checkbox"/> Wrestling </div> </div> <p style="text-align: center;">CONTINUE TO PAGE 3</p>	

Consent:

___ Yes, I give my permission to collect a sample from my child and test for COVID-19.

___ No, I do not give permission to collect a sample for COVID-19 testing.

By affixing my/our signature(s) below, I acknowledge and affirm that I will immediately advise the school if our student athlete does or has ever tested positive for COVID-19.

Parent Signature: _____ Date: _____

TO BE FILLED OUT BY DISTRICT PERSONNEL

Specimen Information & Result

Collection Date: _____

Time: _____

Specimen Source: Nasal

Test: Abbot BinaxNOW rapid antigen test

Test Result

☐ Negative

☐ Positive

Test Performed by: _____

Nurse Signature: _____

Performing Facility: Chappaqua Central School District is authorized to perform rapid antigen testing pursuant to its LSL Registration under the supervision of its Medical Director, Steven R. Levine, M.D.