



SUMMIT ACADEMY
150 Stahl Road, Getzville, New York 14068 • (716) 629-3400 • FAX (716) 629-3497

COVID-19 SCHOOL TESTING CONSENT

Summit Academy is presently designated as part of a micro-cluster during the COVID-19 pandemic. Summit is now mandated to test all students (20% each week on a rotating basis) who receive in-person instruction at one of our buildings. Please review this entire document, select one of the 3 options and sign below.

_____ **Option 1: I want my child to continue in-person learning and consent to allow Summit's school nurse to administer a COVID test to my child.** I understand that this test will be administered at school during school hours. I understand that all testing data will be shared with the Department of Health. I understand that I will receive the results of this test from either a school employee or the local Department of Health. I understand that this test will involve inserting a nasal swab into each of my child's nostrils. I understand that this test is not painful, but many people find it to be unpleasant. I understand that the school nurse may not be successful in completing the test and will cease administration efforts if my child becomes aggressive or self-injurious, or begins to cry heavily. I understand that I will need to follow all isolation and contact tracing requirements from the Department of Health if my child tests positive.

_____ **Option 2: I want my child to continue in-person learning, but do not want my child's test administered by Summit's school nurse.** I understand that I may need to have my child tested for COVID-19 by an outside source within when requested by Summit request, and will provide proof of testing and documentation of results to Summit. I understand that I will need to follow all isolation and contact tracing requirements from the Department of Health if my child tests positive.

_____ **Option 3: I do not provide consent for my child to receive COVID testing at school and do not plan to have my child tested elsewhere.** .

Please select one of the options above and complete the information below. You may change your option at any time by completing a new form. This consent will remain in effect during the entire pandemic period.

Please print:

Child Name: _____

Date of Birth _____ Classroom #: _____

Parent Name: _____

Parent phone number: _____

Please sign:

Date: _____