

**Schodack Central School District  
COVID-19 Testing  
Parental Consent Form**

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

HIGH-RISK SPORT(S): \_\_\_\_\_

The Schodack Central School District is seeking your consent to test your child for COVID-19 infection using the COVID-19 Rapid Test. The District Plan for Resumption of High-Risk Sports, the district has decided to mandate that student-athletes and coaches participating in high-risk sports must be tested for COVID-19 once per week during the requisite high-risk sports season, which includes the following sports: boys/girls basketball, wrestling, and girls' volleyball.

Accordingly, I hereby knowingly and voluntarily consent to participation in the above high-risk sports and COVID-19 testing of my above named child on a weekly basis pursuant to and in accordance with District guidelines for resumption of high-risk sports, for such period of time such testing is required.

If you consent, your child will receive a free diagnostic test for the COVID-19 virus that will likely be administered by our school nurses or another certified or licensed medical provider (CNA, LPN, or RN) or otherwise trained and qualified individual. 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's test results. Any students who test positive will be sent home and must be kept at home until meeting Rensselaer County Public Health criteria to return to school. Please contact your child's doctor immediately to review the test results should your child test positive for COVID-19.

I understand that I have the right not to sign this consent. I also 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 further understand that if I revoke this consent or refuse to provide consent to such weekly COVID-19 testing, my child will not be permitted to participate in any District-sponsored high-risk sport(s) during the period of time such testing is required.

\_\_\_\_\_  
PRINT NAME, Parent/Legal Guardian

\_\_\_\_\_  
SIGNATURE, Parent/Legal Guardian

\_\_\_\_\_  
Date