

**Student COVID-19 Testing Consent Form  
R & E May School 2023-24 School Year**

*Complete and return to Health Services  
(518) 453-6739 | [smasi@st-cath.org](mailto:smasi@st-cath.org)*

**STUDENT'S FIRST & LAST NAME** \_\_\_\_\_

I hereby knowingly and voluntarily consent to my child's participation in the R&E May School COVID-19 Testing program.

I understand that if my child exhibits symptoms of COVID-19, my child is eligible to receive a free screening test for the COVID-19 virus that will be administered by trained and qualified school nurses.

Testing will involve inserting a swab, similar to a Q-Tip, into the front of the nose for several seconds.

I will be notified of my child's test results immediately upon their availability, if they are positive.

I understand that I may not be notified if results are negative unless I request such results.

I understand that if my child tests positive, s/he will be sent home and must be kept at home until meeting New York State Guidelines and R&E May School COVID-19 policy criteria to return to school.

I understand that I have the right not to give consent.

I also understand that I may withdraw my consent in writing at any time provided that such revocation shall not impact actions previously taken in reliance of my consent.

*I DO CONSENT for my child to have COVID-19 testing at R & E May School*

*I DO NOT CONSENT for my child to have COVID-19 testing at R & E May School*

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

