



COVID-19 TESTING CONSENT FORM

What is this form?

We are seeking your consent to test your child for COVID-19 infection. Harlem Children's Zone has partnered with Mobile Health to test our students, staff, and participants.

When would my child be tested?

We have implemented three (3) forms of testing:

1. Gateway Testing – this form of testing requires all of our students, staff, and participants, scheduled to engage in in-person operations to be initially tested within one (1) week prior to doing so; this one (1) week testing window offers the least or shortest amount time between being testing and beginning or resuming in-person operations.
2. Surveillance Testing – this form of testing requires all our students, staff, and participants, engaged in in-person operations to undergo periodic randomized testing; each week, about 5% of our students, staff, participants, and partners will be randomly selected for testing to identify asymptomatic cases so those individuals can be immediately isolated and quarantined.
3. Emergency Testing – this form of testing requires any of our students, staff, participants, and partners who experience symptoms of and/or are exposed to COVID-19 to undergo testing to determine their return school, work, or program status.

How are the tests done?

All tests are performed by collecting a specimen using a short nasal swab in the front of the nose.

How will I receive test results for my child?

Harlem Children's Zone and/or Mobile Health will inform you directly of the test results.

Name of Child:

Name of Parent, Guardian, or Adult Student:

Address:

Telephone number: _____

Email Address: _____



By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested at multiple times through September 30, 2021, and that testing may occur on days scheduled by the NYC DOE, if my child exhibits one or more symptoms of COVID-19, or is a close contact of a COVID19 case.
- I understand that this consent form will be valid through September 30, 2021, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that if I revoke my consent or refuse to sign, my child will be required to continue their education via remote learning and will not be permitted to participate in any in person activities.
- I understand that my child's test results, and other information may be disclosed as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

Name of Parent, Guardian, or Adult Student:

Signature of Parent, Guardian, or Adult Student:

Date: _____