## Horseheads Central School District Consent for STUDENT COVID-19 Testing

The Horseheads Central School District (the "District") is seeking your consent to test your child for COVID-19 infection. If you consent, your child will be tested using a diagnostic test for the purposes of the Test to Stay option. The diagnostic test involves inserting a small swab, similar to a Q-Tip, into the front of the nose.

We will notify you if your child tests positive for COVID-19. Anyone who tests positive must return home and must stay at home until meeting Health Department and District criteria for return to school. Please contact your child's medical provider immediately if your child tests positive for COVID-19.

Student Informa	tion:											
Student Name											-	
Student Address												
Student Date of E	Student Grade											
School Student A	CS GR RR IS				MS	S HS OTHER						
Student Race (pl	ease circle	one):										
American Indian/Alaskan Native Asian				Black Native Hawaiian/Other Pacific Islander Whi								
Student Ethnicit	Student Gender (please circle one):											
Hispanic Non-Hispanic			Male	Male Female Non-Binary								
Parent/Guardia	n Informat	tion:										
Parent Name											-	
Parent Phone Number			Er	Email Address								
Parent Mailing Address _				County								
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Exposure Date: _	<b>.</b>			T		•				ī		-
Testing Day	1	2	3	4	5	6	$\perp$	7	8	9	10	-
Dates Tested		ĺ										

**Initials**