



BROOKLYN JESUIT PREP CONSENT FORM FOR COVID-19 TESTING

What is this form?

BJP is seeking your consent to test your child for Covid-19 infection. BJP, at times working with the NYS Department of Health and Brooklyn Diocese, will partner with laboratories and other providers to test students, teachers, and staff members. Your child must have this consent form signed to be in the building.

How often would you test my child?

BJP Covid-19 testing will be conducted in accordance with state and city mandates, such as weekly testing in schools in Cluster Zones, and as seen fit throughout the year to help BJP determine safety procedures and guidelines for in-person instruction. BJP's Reopening Plan will be modified to reflect testing while BJP is in a Cluster Zone, which the state has put at 20% of the school population each week.

What is the test?

BJP has been provided with 800 Abbott rapid tests by the Department of Homeland Security as an initial supply, which is enough to last through April if continuously in a Cluster Zone. Collecting of specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose and/or collecting of saliva (spit). Tests will be administered by myOnsite Healthcare or other partner laboratories. Parents will be notified via email if the partner laboratory is changed.

What should I do with the results?

If your child's test results are positive, please contact your child's doctor immediately to review the test results and discuss what you should do next. You should keep your child at home and inform BJP. The Reopening Plan will be amended to state that any person with a positive rapid test will be required to test negative through a full Covid-19 nasal PCR swab administered by their doctor before coming back to the building, even after fulfilling quarantine. If your child's test results are negative, this means that the virus was not detected. Tests sometimes produce incorrect positive and negative results, which are known as "false" positives and "false" negatives. If your child tests negative but has symptoms of Covid-19, or if you have concerns about possible exposure to Covid-19, you should call your child's doctor.

How will the information be shared?

The law allows some information about your child to be shared with and among certain NYC and New York State agencies and contracted service providers. This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to Covid-19, and taking other steps to prevent the further spread of Covid-19 in our school community. Information about your child that may be shared with these agencies and service providers conducting Covid-19 testing includes your child's name and Covid-19 test results, date of birth/age, gender, race/ethnicity, school name, teacher(s), classroom, enrollment and attendance history, and names and contact information of parents/guardians. Sharing of information about your child will only be done so in accordance with applicable law and policies protecting student privacy and the security of your child's data.

TO BE COMPLETED BY PARENT OR GUARDIAN	
Parent/Guardian Print Name:	
Parent/Guardian Address:	
Parent/Guardian Phone #:	
Parent/Guardian Email Address:	
Best Way to Contact You:	
CHILD/STUDENT INFORMATION	
Child/Student Print Name:	
Child/Students Date of Birth:	
Child/Student School:	Brooklyn Jesuit Prep
Child/Student Address:	

CONSENT		
<p>By signing below, I attest that:</p> <ul style="list-style-type: none"> • 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 throughout the 2020-2021 school year and that testing may occur in accordance with state and city mandates, such as weekly testing in schools in Cluster Zones and at the discretion of BJP in order to inform policy and safety procedures. • I understand that this consent form will be valid for the entirety of the 2020-2021 school year. • I understand that I may revoke my consent to testing, and thus in-person learning, and enroll my child in the NYC DOE remote learning platform as outlined in BJP's Reopening Plan. • I understand that my child's test results and other information may be disclosed as permitted by law. • I understand that if I am over 18 years of age or may otherwise legally consent to my own health care that references to "the/my/your child" refer to me and I may sign this form on my own behalf. 		
Signature of Parent/Guardian:		Date:
Signature of those over 18 and Legally Able to Consent to Their Own Health Care (staff and teachers):		Date: