

COVID-19 School Based Testing Consent

for Abbott ID Now and/or Abbott Binax Now. **Complete one form per child.**



**HEALTH
DEPARTMENT**

What school does your child attend?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Boquet Valley | <input type="checkbox"/> Schroon Lake |
| <input type="checkbox"/> Crown Point | <input type="checkbox"/> Ticonderoga |
| <input type="checkbox"/> Keene | <input type="checkbox"/> Willsboro |
| <input type="checkbox"/> Lake Placid | <input type="checkbox"/> Lakeside School |
| <input type="checkbox"/> Minerva | <input type="checkbox"/> North Country School |
| <input type="checkbox"/> Mineville BOCES | <input type="checkbox"/> Northwood School |
| <input type="checkbox"/> Moriah | <input type="checkbox"/> St. Agnes School |
| <input type="checkbox"/> Newcomb | <input type="checkbox"/> St. Mary's School |

What is your child's first and last name?

What is this child's date of birth?

What is this child's home physical address? Road, City, State, Zip Code

Parent/Guardian contact name (First & Last)

Parent/Guardian contact phone number

Statement of Consent

I consent to my child being tested during the 2021-2022 school year at his/her/their school health office for the following purposes (choose the tests for which you are providing consent):

- COVID-19 diagnostic testing (Abbott ID NOW test)
- COVID-19 exposure screening testing (Binax NOW test)

Signature of Parent/Guardian

Date