

**Monticello Central School District
COVID-19 Test to Stay (TTS) Participation Consent Form**

Dear Parent/Guardian:

The Monticello Central School District (“District”) has implemented a Test to Stay (“TTS”) Plan in accordance with New York State Department of Health and the Sullivan County Department of Public Health (SCDPH) guidelines for eligible students. TTS is intended to avoid school exclusion (but not other restrictions of quarantine) of asymptomatic close contacts who are otherwise subject to quarantine following a school-based exposure to COVID-19.

In order for a student to be permitted to remain in school using TTS, strict adherence to the requirements of the District’s TTS Plan is required. A copy of the District’s TTS Plan is enclosed.

This COVID-19 Test to Stay Participation Consent Form includes a request for consent to have your child participate in the District’s TTS Plan, which includes a requirement that your child be tested for COVID-19 the minimum number of 2 times and at the frequency outlined in the enclosed TTS Plan, and that the test occurs under the supervision of the school nurse before the school day begins.

If the TTS Plan requirements are not met or if you do not wish for your child to participate in the COVID-19 testing necessary as part of the District’s TTS Plan, your child will remain subject to the applicable quarantine requirement as a result of their school-based COVID-19 exposure, in accordance with the District’s Reopening Plan. If you have any questions about the District’s TTS Plan, please contact Linda Oehler-Marx, (loehlermarx@k12mcsd.net) .

If you wish to consent to your child’s participation in TTS, please complete and return this form to Magali Jimenez (mjimenez@k12mcsd.net) and sign the enclosed permission form. All fields must be completed unless marked optional.

Participating Student Name: _____
 First M.I. Last

Participating Student’s Date of Birth (month/day/year): _____

School: _____ Grade: _____

Parent/Guardian Name: _____
 First Last

Parent/Guardian Best Contact Number: _____

Please sign the permission form on the following pages to give consent for your child to participate in the TTS program.

By signing below, I am consenting for my child to participate in the District's TTS Plan and any COVID-19 testing required as part of the TTS Plan, and acknowledging my understanding and agreement with the provisions outlined below:

- I certify that I am the parent/legal guardian of the above-named student who attends the Monticello Central School District and have legal authority to make medical and educational decisions for them.
- I understand that my child may only be sent to school using TTS if they remain asymptomatic. I understand that if my child develops symptoms, they will be immediately excluded from school per current District/school guidance. I agree not to send my child to school if they develop symptoms.
- I understand and agree that in accordance with New York State Department of Health and SCDPH requirements, an exposed person who is allowed to remain in school through TTS may participate in school-based extracurricular activities occurring at school that do not include students from other schools, and that the exposed person will follow all appropriate COVID mitigation measures in place, including wearing a mask.
- I understand and acknowledge that pursuant to the District's TTS Plan, students must be tested for COVID-19 a minimum of two times within the five-day period following school-based exposure to COVID-19, in accordance with the minimum testing sequence outlined in the District's TTS Plan.
- By signing below, I hereby knowingly and voluntarily consent for my child to participate in COVID-19 testing at the frequency mandated by the TTS Plan. I am consenting for my child to participate in over-the-counter rapid COVID-19 antigen testing under the supervision of the school's nurse.
 - I understand I also have the ability to choose to have my child tested for COVID-19 using an FDA-authorized method, at my own expense, but timing of such testing must be at the frequency mandated by the TTS Plan and that results must be received prior to the start of the school day each day testing is required.
- I understand that the District's testing program will involve the disclosure of my child's Personally Identifiable Information, including my child's name, COVID-19 test result, date of birth, race, ethnicity, gender, street and/or email address, and phone number(s) and I consent to the disclosure of the same to the agencies and/or entities described above for the purposes outlined herein. I further authorize my child's test results and other information to be disclosed to any governmental entity as may be required or permitted by law.
- I acknowledge that a positive test result will require my child to be sent home from school and remain at home until he/she meets the criteria to return to school according to the Sullivan County Department of Public Health.
- I understand that this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action regarding my child's test results. I agree that I will seek medical advice, care, and treatment for my

child from his/her medical provider if I have questions or concerns or if I become ill or my condition worsens.

- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- I understand that I have the right not to sign this consent. I also understand that I may revoke my consent in writing at any time provided that such revocation shall not impact actions previously taken in reliance of my consent. I further understand that if I revoke this consent or refuse to provide consent to the TTS Plan COVID-19 testing, my child will not be permitted to remain in school during their mandated quarantine period following school-based COVID-19 exposure and must follow applicable public health and District requirements for completion of quarantine requirements before return to school.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to “child” or “my child” refer to me and I may sign this form on my own behalf.

Signature of Parent/Guardian: _____

Date: _____

If child is age 18 or over or otherwise legally authorized to consent:

Signature of Student: _____

Date: _____