

Consent for COVID-19 Rapid Testing at Elmwood Franklin School

Elmwood Franklin School is seeking your consent to test for COVID-19 infection. If you consent, you may receive a free diagnostic test for the COVID-19 virus that will be administered by medical professional volunteers part of the EFS community. The Abbott BinaxNow COVID Ag Card rapid test will be used, which involves a non-invasive lower nasal swab.

We will notify you if you test positive for COVID-19. Any faculty or staff member who tests positive will be sent home and must remain at home until meeting the Erie County Health Department's and Elmwood Franklin School's criteria to return to school. Please contact your primary physician immediately to review the test results if you test positive for COVID-19.

New York State and/or local COVID-19 regulations and orders permit and/or mandate that some information about you be shared with Erie County and New York State Public Health Agencies. Elmwood Franklin School is required to notify the Erie County Health Department about the COVID-19 test results for each employee who is tested, and the School must include each tested employee's name, date of birth, race, ethnicity, gender, address, phone number, and COVID-19 test result.

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I authorize Elmwood Franklin School conduct collection and testing for COVID-19.
- I understand that I may be tested at multiple times during the 2020-2021 school year.
- I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.
- I authorize my 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 me to be sent home from school and remain at home until I meet the criteria to return to school according to the Erie County Health Department and Elmwood Franklin School.
- I understand that this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action regarding my test results.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

Signature of Faculty/Staff Member

Date

Print Name