



NORTH GREENBUSH COMMON SCHOOL DISTRICT

48 North Greenbush Road, Unit B • Troy, New York 12180 • Phone (518) 283-6748

TO: Parents of Students attending Little Red
FROM: Christine Hamill, Superintendent
DATE: January 4, 2021
RE: COVID Testing

As COVID-19 cases continue to rise across the region, we are preparing for the testing of students and staff that would be required if New York State designates any part of our school community as a Yellow, Orange or Red Zone. We plan to remain open if we can comply with the state's testing requirements.

While our school is NOT currently in one of these Zones, we continue to work with the county and Questar III BOCES to be ready. This includes providing training to our nurses and securing test kits from the state.

If or when we will be placed into one of these zones, we would need to test at least 20% of our students and staff over a 2-4 week period of time, depending on what zone we would fall under, in order to stay open. In order to test your child, we will need your permission to do so. Please review the attached Testing Consent Form and return it in your child's backpack or send it directly to our school office. If you have any questions, please call us.

We will provide an update if the state designates any part of our community as a cluster zone, including sharing additional information on our testing plan and schedule. Please continue to also complete our screening forms. As always, we thank you for your patience and support this school year to help us all keep safe.

Thank you!

School COVID-19 Testing Consent Form

The Governor's [Cluster Action Initiative](#) and the [New York State Department of Health \(NYSDOH\)](#) requires schools providing in-person instruction to test specific percentages of in-person students, teachers, and staff for COVID-19 if the school is in a designated yellow, orange, or red zone, in order to hold in-person teaching. There are two kinds of tests for COVID-19: the PCR test and the antigen test (also known as a rapid test). Both tests require a specimen (sample) be collected (taken) from the person being tested. The sample is then tested to find out if the person has COVID-19. How a sample is collected depends on the type of test being used.

Only students whose parents/guardians has provided this signed consent form to the school will be tested.

A sample will be collected from your child by:

- Our school health personnel
 Health personnel from: _____ Our school nurses will be conducting the tests

The following type of sample will be collected at school:

- Oropharyngeal Swab (throat) collected by trained healthcare personnel; or
 Nasal Swab (front/sides of nose) collected by trained healthcare personnel; or
 Nasopharyngeal Swab (deep in nose) collected by trained healthcare personnel; or
 A saliva (spit) sample from the mouth collected by the child while supervised.

Once a sample is collected the test is done to determine the results. Our school will be:

- Collecting samples to send to _____ to do the COVID-19 test
Name of Laboratory/Clinic/Hospital
- Collecting samples and doing the COVID-19 test at school using the following test:
Abbott BinaxNOW COVID-19 Ag Card Rapid Antigen Test

Brand name and type of test

To be Completed by Parent/Guardian

Student Name: _____ DOB: _____ Gender: M F

Address: _____ Phone: _____ Grade: _____

I give permission for my child's school to:

- Collect a sample from my child and test for COVID-19.

**I understand the school will notify me if my child's test is negative by a letter sent home with my child.
If my child's test is positive for COVID-19 I will be notified by phone call.**

I understand that my child's test results and other information may be disclosed as permitted by law.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Please return this signed form to your child's school.

North Greenbush Common School District

COVID-19 Mandated Screening

Per guidance from the Governor's Office regarding Phase re-openings, mandatory health screening assessments are required to be completed by anyone entering a school facility. Please complete the following survey, prior to returning to school.

Date _____ Student Name: _____

School: Little Red School House

***Temperature Recorded by Parent: _____ *Required**

Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19?

Yes No

Have you knowingly been in close or proximate contact in the past 14 days with anyone who has or had symptoms of COVID-19?

Yes No

Have you tested positive for COVID-19 in the last 14 days?

Yes No

Have you experienced any of the following symptoms in the past 48 hours? (Check all that apply)

Fever Cough

Sore Throat Loss of Taste or Smell

Vomiting or Diarrhea Congestion or Runny Nose

None of the Above

Have you traveled outside of NYS in the past 14 days? Yes No

Where traveled? _____

Denied Entry Reason _____

Parent Signature _____ Date _____