GLOVERSVILLE ENLARGED SCHOOL DISTRICT

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David Halloran
Superintendent

January 11, 2021

Dear GESD Families:

As our community continues to address the rise in COVID-19 cases, we are once again reaching out to parents and guardians to seek permission for the district to test students for COVID-19. Governor Cuomo has repeatedly stated that if a region is designated in a cluster zone and becomes labeled as a yellow, orange or red zone, then schools in those zones are required to test 20-30% of students and staff for COVID-19 each month.

To date, the district has received several hundred testing permission forms, both on FamilyID, and in hard copy. If you have already granted the district permission to test your child(ren) then I thank you for your cooperation and you may disregard this letter. If you are the parent/guardian of a hybrid student, and you **have not** returned the COVID-19 testing form, I ask that you do so as soon as possible. You may fill out a form on FamilyID or you may return the attached permission form with your child.

Many students and staff in New York State have already been tested for this purpose. In New York City for example, approximately 210,000 students and staff have been tested with a positivity rate of 0.47%. This very low rate is evidence of how safe schools actually are. The testing may become required in our region and we strongly believe it is important to keep our doors open to in-person instruction. Physically attending school is better for children in many ways and helps provide structure for working families. There is no question that schools are among the safest places children can be and we ask all hybrid parents/guardians to grant the district permission to test.

Just to be clear, we are not required to test for COVID-19 as of today, but if that changes we want to be positioned to keep our doors open for instruction. The test we would use is a simple Abbott BinaxNOW COVID-19 Ag Card. It is a very quick, painless, non-invasive swab of the lower nostrils. The test would be administered on site by trained medical staff of the district and Nathan Littauer Hospital. In no way is this test related to the vaccination efforts underway across the world. It is simply a rapid COVID-19 test to ensure that our schools are safe to continue in-person learning.

Please contact the district to discuss any questions or reservations you may have with this request.

Sincerely,

David Halloran
Superintendent of Schools

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Gloversville Enlarged School District COVID-19 Testing Consent Form

The Gloversville Enlarged School District is seeking your consent to test your child for COVID-19 infection. If you consent, your child may receive a free diagnostic test for the COVID-19 virus that will be administered by a certified or licensed medical provider (CNA, LPN or RN). A rapid COVID-19 test will be used, which will involve inserting a small swab, similar to a Q-Tip, into the front of the nose. We will notify you when your child is tested and the results of the COVID-19 test. Any students who test positive will be sent home and must be kept at home until meeting Fulton County Public Health Department criteria to return to school. Please contact your child's doctor immediately to review the test results should your child test positive for COVID-19.

Student First Name	Student Last Name	DOB	Building
Student First Name	Student Last Name	DOB	Building
Student First Name	Student Last Name	DOB	Building
Student First Name	Student Last Name	DOB	Building

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

- 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 by signing this consent form I am giving the Gloversville Enlarged School District permission to test my child(ren).

Parent/Guardian Name   **Date**

Signature