Department of Youth & Community Development

SUMMER RISING CONSENT FORM FOR COVID-19 TESTING

What is this form?

We are seeking your consent to test you for COVID-19 infection. The New York City Department of Education (NYC DOE) and New York City Department of Youth and Community Development (DYCD), working with NYC Health + Hospitals and the New York City Department of Health and Mental Hygiene, have partnered with laboratories and other providers to test Summer Rising participants, teachers, and staff members for COVID-19 infection.

How often would you test me?

We are arranging for our laboratory and provider testing partners to come to every Summer Rising program periodically to test some of the participants, teachers, and staff. If you consent, you may be selected for testing on one or more of these occasions in accordance with program guidelines. In addition, you may also be tested throughout the duration of the program (1) in accordance with state and city mandates, or (2) if you exhibit one or more symptoms of COVID-19, or (3) if you are a close contact of a participant, teacher, or staff person with COVID-19 infection.

What is the test?

If you consent, you will receive a free diagnostic test for the COVID-19 virus. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose and/or collecting saliva (spit).

How will I know if I test positive?

COVID-19 test results will generally be provided to you within 48-72 hours.

What should I do when I receive my test results?

If your test results are positive, please contact your doctor immediately to review the test results and discuss what you should do next. You should stay home and inform your Summer Rising program coordinator. If your test results are negative, this means that the virus was not detected in your specimen. Tests sometimes produce incorrect negative results (called "false negatives") in people who have COVID-19. If you test negative but have symptoms of COVID-19, or if you have concerns about your exposure to COVID-19, you should call your doctor. If you need help finding a doctor, call (844) NYC-4NYC.

TO BE COMPLETED BY YOU	
Print Name:	
Address:	
Program Name:	Goddard Riverside Beacon Program
Tel./Mobile #:	
Email address:	
Best way to contact you:	

PLEASE GO TO PAGE 2 TO COMPLETE THIS FORM

Department of Youth & Community Development

NOTIFICATION OF INFORMATION SHARING

The law allows some information about you to be shared with and among certain New York City and New York State agencies and their contracted service providers, including those listed below. This information will be shared only for public health purposes, which include notifying your close contacts if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in your community. Information about you that may be shared with these agencies and service providers conducting COVID-19 Testing includes your name and COVID-19 test results, date of birth/age, gender, race/ethnicity, Summer Rising program name(s), address, telephone, mobile number, and email address. Information will **only** be shared in accordance with the laws and City policies protecting privacy and the security of your data.

• NYC Department of Education	• NYC Department of Youth and Community Development
• NYC Department of Health and Mental Hygiene	• NYC Health and Hospitals Corporation
• NYS Department of Health	• Contracted Service Providers for COVID-19 Testing

CONSENT

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I consent to be tested for COVID-19 infection.
- I understand that I may be tested at multiple times through September 1, 2021, and that testing may occur (1) on days scheduled by the NYC DOE and/or DYCD in accordance with program guidelines or state and city mandates, or (2) if I exhibit one or more symptoms of COVID-19, or (3) if I am a close contact of a participant, teacher, or staff person with COVID-19 infection.
- I understand that this consent form will be valid through September 1, 2021, unless I notify my Summer Rising program supervisor or other designated official **in writing** that I revoke my consent.
- I understand that my test results and other information may be disclosed as permitted by law.

Signature		Date	