



Mr. Adam Stoltman, Superintendent
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November 18, 2020

Dear Parent/Guardian:

The Alden Central School District has been making preparations to comply with the New York State Cluster Action Initiative and the specific requirements in the event any portion of our District be designated as a “Yellow Zone.” Today, we learned that our District has been identified as a Yellow Zone. Effective the week of November 16, 2020, schools in Yellow Zones must test 20% of in-person students, faculty and staff over the two-week period immediately following the announcement of a Yellow Zone designation. If the results of the testing reveal that the positivity rate among the 20% of those tested is lower than the Yellow Zone’s current 7-day positivity rate, testing at that school will no longer be required to continue. A positivity rate in a school that is lower than in the Yellow Zone is a sufficient demonstration that in-person instruction is not a significant driver of local viral spread. However, if the results of the testing over the first two weeks reveal that the positivity rate among in-person students, staff and faculty is higher than the Yellow Zone’s current 7-day positivity rate, the school will be required to continue to test 20% of the in-person population on a bi-weekly basis.

In order to test your child, we need your consent. Students will be selected for testing on a random basis, so your child may or may not be selected at any point while the District is in a Yellow Zone. Attached to this communication you will find a consent form for your child(ren). Please fill out this form as soon as possible and return it by email to testconsent@aldenschools.org. You may also mail or drop-off the form at Alden CSD, Attn: Tracy Rogers, 13190 Park Street, Alden, NY 14004. If you require a hard copy mailed to you, please contact the District Office at (716) 937-9116, ext. 4171.

We have posed many questions and concerns about the testing requirements with both the ECDOH and the New York State Department of Health. Of specific concern, was the type of test that would be administered. We recently learned that we would be supplied with the ***BinaxNOW*** testing cards. This is **NOT** the invasive test that is inserted deep into the nasal cavity. These tests will be administered by registered and/or licensed nurses, under the direction of the ECDOH and/or our school medical provider, at no cost to you. Results would be made available within 15 minutes. I have attached a video that demonstrates the administration of the test for your review: <https://youtu.be/h5dRjdLVAPM>.

Once we obtain these tests, we will be preparing several times for voluntary testing, both during and after the school day and, if needed, weekends. This schedule of appointment options will be emailed to participants once testing commences. We welcome and encourage parents to escort their children to their child's COVID-19 test. If you wish to do so, please indicate such on the attached consent form. If an individual tests positive, they will be provided a safe, secure and supervised space before they are able to go home. We are required to report testing results to the Department of Health just as any physician's office would. Testing results will remain strictly confidential.

Please take time to consider the additional information provided above along with participating in the random COVID-19 testing. You may give permission to one or more of your children, and decline testing for others. If your child(ren) is already in a 100% remote learning setting, you will not be required to respond to the Consent Form.

Please understand, we do not make this request without much consideration of all the factors at hand. Once again, our goal is to stay open, but we are prepared to seamlessly shift to fully remote learning should we fail to have the required 20% participation in testing, as directed by the Governor.

I know that these are challenging times, and that this decision may be a difficult one to make. Again, for those who agree to participating, an additional communication will be forthcoming via email with options for testing appointments. Please know that either way, we respect your decision. Continue to be vigilant in social distancing, mask wearing, and hand washing. If you have any questions or require a hard copy of the consent form, please contact my office directly at 937-9116, ext. 4171.

Sincerely,



Adam Stoltman
Superintendent of Schools

**ALDEN CENTRAL SCHOOL DISTRICT
Student Consent form for COVID-19 Testing**

**Please email this form to: testconsent@aldenschools.org, or;
Mail to, or drop-off at: Alden CSD, Attn: Tracy Rogers, 13190 Park St., Alden, NY 14004**

Please select your response (**check both boxes if you will consent for some but not all of your children to be tested*):

- I consent for the below listed child(ren) to be tested for COVID-19 infection. By signing below, I attest that:
- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child(ren) listed below.
 - I understand and acknowledge that by checking this box, I am confirming that I have read this entire form and that the information I have provided is true and accurate.
 - I understand that my child may be tested multiple times.
 - I understand that this consent form will be valid through June 30, 2021, unless I notify the District in writing that I revoke my consent.
 - I understand that if I revoke my consent and state or local guidelines preclude attendance by students without a consent in place, my child may be required to continue their education via remote learning.
 - I understand that my child's test results and other information may be disclosed as permitted by law.
 - I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

- I do not consent for the below listed child(ren) to be tested for COVID-19 infection. By signing below, I attest that:
- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child(ren) listed below.
 - I understand that if state or local guidelines preclude attendance by students without a consent in place, my child may be required to continue their education via remote learning.

Student Name (List all children for which this form applies)	Date of Birth	Grade	Consent YES or NO		Parent/ Guardian Present YES or NO	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

*I intend for this to serve as my electronic signature and I am authorizing the District to rely on my electronic signature. I understand and acknowledge that this electronic signature has same legally binding effect as if I had placed my handwritten signature on a paper form.

Signature of Parent/Guardian (if child is under age 18) Date _____

Signature of Student (if age 18 or over or otherwise authorized to consent) Date _____

Printed Name of Parent/Guardian/Student (if age 18 or over or otherwise authorized to consent)

Address: _____

Telephone Number: _____

Email Address: _____