



Electronic GISNY Informed Consent Form for COVID-19 Pool Testing

a. I authorize German International School New York (GISNY) to conduct screening for COVID-19 by collecting saliva samples, combining, or pooling samples in a lab, analyzing pooled samples for COVID-19, or other recommended collection procedures for me and/or my child.

b. I authorize the test results to be shared with GISNY. I understand that all other personal information will be kept confidential.

c. I acknowledge and agree that GISNY may disclose test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be required or permitted by law.

d. I acknowledge that results of screening tests alone are not sufficient to detect or rule out the possibility that an individual has been exposed to or is infected with COVID-19. I understand that a positive pool test result means that an individual test will then be required to determine whether an individual has COVID 19. In addition, individuals in positive pools must self-isolate and/or wear a mask or face covering as directed to avoid infecting others.

e. I understand that GISNY is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my pooled test results. I agree I will seek medical advice, care, and treatment from my medical provider if I have questions or concerns.

f. I understand that there are risks and benefits associated with undergoing a testing for COVID-19 and that there may be a potential for false positive or false negative test results.

I acknowledge and agree that I have received a copy of this Informed Consent Form and that I have read, understand, and agree to the statements contained within it. I further acknowledge and agree that I and/or my child have been informed about the test purpose, procedures, possible benefits, and risks. I acknowledge and agree that I have been given the opportunity to ask questions before I sign, and that I have been told that I can ask additional questions at any time. I and/or my child voluntarily agree to this screening for COVID-19.

Please refer to our COVID 19 Response Page for additional information:

<https://www.gisny.org/community/covid-19-response>