



AL-NOOR SCHOOL مدرسة النور

675 4TH AVENUE

BROOKLYN, NY 11232

TEL: 718-768-7181 FAX: 718-768-7088

Asallamualaikum Parents,

As part of New York City's ongoing effort to stop the spread of COVID-19, and ensure the health and safety of our community, COVID-19 testing of staff and students will be conducted in our school Bi-weekly for Cohort A and B from now through the end of the school year. We are seeking your consent to test your child for COVID-19, Al-Noor School will be working with ACCULab for all testing.

How often would you test my child?

We will be randomly selecting up to 20% of our student population every week to test and all staff members. If you consent, your child may be selected for testing on one or more of these occasions. In addition, your child may also be tested throughout the school year in accordance with state and city mandates. These mandates are:

1) Weekly testing in schools in Yellow Zones

2) If they exhibit one or more symptoms of COVID-19

3) If they are a close contact of a student, teacher, or staff person with COVID-19 infection.

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus, the test is easy, quick, and safe. A "short swab" (similar to a Q-tip) will be inserted into the front part of the nose for five to ten seconds. Later this school year, it is possible that tests will be administered by collecting a small amount of saliva (spit).

Your child will not be tested if they are uncomfortable or become distressed at any point during the process. If that happens, we will work with you to address any potential concerns so that your child is comfortable participating in future testing.

How will I know if my child tests positive?

If your child is tested at school, information about the testing process, and when and how you will receive the results, will be sent home with your child. The majority of all testing results will be available within 48 hours. If your child tests positive for COVID-19, the testing provider will notify you via a telephone call, and NYC Test & Trace Corps will call to provide your family with resources and support.

If any member of the school community tests positive during this testing process, our school community will continue to follow the DOHMH guidelines.

We deeply appreciate your partnership and your commitment to keeping your school community safe and healthy.

Sincerely

Dr. Abdulhakeem Alhasel

COVID-19 Testing Consent

Authorizing Provider: Robert Van Amerongen MD <input checked="" type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Oral <input type="checkbox"/> Mid-turbinate	Testing Site: Brooklyn Cultural Center of New York, Inc dba Al Noor School
Type of Test: Swab	Lab Assigned: ACCULab

Minor's Information

Minor's Name (Last, First Middle)	Minor's DOB (MM/DD/YYYY)										
Preferred Parent/Guardian Phone Number	Minor's Address										
<p style="text-align: center;">I authorize that a test sample be taken for COVID-19 as ordered by the authorizing provider (or my child's or legal dependent's physician or authorized healthcare provider). I do hereby consent to any physician or health care provider or authorized provider examining or testing my minor child to use or disclose protected health information for reporting purposes.</p>											
<u>SECTION BELOW TO BE COMPLETED BY PARENT/GUARDIAN FOR CHILD UNDER 18</u>											
<p>I, _____, have the following relationship with the person above:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Father</td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Stepfather</td> <td style="text-align: center;">Stepmother</td> <td style="text-align: center;">Court ordered legal guardian</td> </tr> <tr> <td style="text-align: center;">Grandfather</td> <td style="text-align: center;">Grandmother</td> <td style="text-align: center;">Adult Aunt</td> <td style="text-align: center;">Adult Uncle</td> <td style="text-align: center;">Adult Brother Adult Sister</td> </tr> </table> <p>I have the legal authority, based on the relationship to the child as indicated above pursuant to New York Public Health Law § 2504, to consent to this test administration for the child named above.</p>		Father	Mother	Stepfather	Stepmother	Court ordered legal guardian	Grandfather	Grandmother	Adult Aunt	Adult Uncle	Adult Brother Adult Sister
Father	Mother	Stepfather	Stepmother	Court ordered legal guardian							
Grandfather	Grandmother	Adult Aunt	Adult Uncle	Adult Brother Adult Sister							
Parent or Guardian Signature	Date										



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October 20, 2020

Assalamualikum,

We want to let you know If you opt-in for Covid-19 testing of your child(ren) we kindly ask you provide their Health Insurance Information below. The testing will be fully covered under your health insurance and will be **free of cost**.

If you do not have health insurance for your child we ask you provide their **Social Security Number** and the City of New York **will cover the cost**.

Child's Name: _____

Child's Grade: _____

I Do have health Insurance

Health Insurance Name: _____

Member ID #: _____

I Do NOT have Health Insurance

My child's SS #: _____

If you have any questions please feel free to call the office at 718-768-7181.

Thank you

Dr. Abdulhakeem Alhasel