



**Reenas Bais Yaakov
Yeshiva Shaarei Tzion
Covid Test Screening
School Year 2020-2021**



Child's Name: _____

Date of Birth _____ Grade _____

I _____ hereby authorize Dr. M. Greenberg, Y. Levenshteyn, P.A.
(parent's name - please print)
and/or his/her assistant to provide my child _____ the following panel:

- Medical Evaluation
- Test Code C456: Flu expedited panel, RPP + Covid 19 (swab sample)

Insurance Provider: _____

ID: _____

A copy of both sides of my insurance card is stapled to this form.

Parent's Names: _____

Parent's e-mail: _____

Parent's Cell Phone: _____

Full Address: _____

By signing below, I agree that the results from this testing can be provided to Reenas Bais Yaakov or Yeshiva Shaarei Tzion. It is my understanding that in case of a positive SARS-COV-2 result, my child will be quarantined for 14 days with follow-up by his/her pediatrician for further treatment and medical clearance. My child will only be able to return to school when tested negative for SARS-COV-2 virus.

Parent's Name (please print) _____

Parent's Signature: _____ Date: _____