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PINE VALLEY CENTRAL SCHOOL
South Dayton, NY
District Offices/Elementary School: 7755 Rt. 83
Jr./Sr. High School: 7827 Rt. 83



December 3, 2021

Season's Greetings Panther Families!

Happy Holidays! I hope everyone is well and ready for some family time this holiday season. The goal of this letter is to inform you of some updates from the district. Please note, below I have outlined two testing options for students. **BOTH of these are based on your consent and will not take place without your consent.**

Snow Days & 2-Hour Delays - We will make every effort to make this decision by 6:30 am. In order to make the decision to close or delay, our team works with neighboring districts, local highway departments, utilizes various news outlets, and directly assesses the roads. I do not take the decision to close or delay lightly. This decision could put many families in a very tough spot regarding care and their own ability to go to work. However, student safety will always be our first priority. Once the decision is made, I will Tweet it (@brybooth). It will be on the district website, Facebook and district Twitter (@PVCSPanther) pages. We also report the decision to 10 radio stations, and 3 television stations, among these are Channel 2, 4 and 7. All calls are sent out to families through Blackboard connect. If you are not receiving these and should be, please contact one of the main office secretaries to be added. Finally, we individually text and call several stakeholders. I provide this information to be transparent with our process and ask for a little grace with the rapidity in which you hope to be informed. Morning delays and cancellations take a large effort from our administrative and clerical teams.

STUDENT Testing - We are pleased to offer families two different types of student testing. I've outlined the two types below and consent for the BINAX test is attached to this letter. Please return consent for the BINAX testing to your child's main office or homeroom teacher. Consent for pool testing is given in the portal creation described below.

BINAX Testing - Both of our school nurses have BINAX tests. These are nasal swab tests and provide results in approximately 15 minutes. These tests are meant for students and staff that become symptomatic while at school. If your child does develop symptoms at school and you have provided consent, the nurse will test your child and provide you with the results. Please note that the nurse will still need to send your child home due to the symptoms (unless there is a predetermined medical condition that explains those symptoms), however this will allow you to avoid waiting in a long line to have your child tested. The nurse will be able to provide you with a result and quarantine instructions.

Voluntary On- Campus Pool Testing - This is an opportunity for your child to participate in Surveillance Testing. This testing model will allow for 10% of randomly selected consented individuals from our school to be tested weekly.

Quadrant Biosciences is the laboratory we are partnering with via the Chautauqua County Department of Health to process and analyze the pooled samples collected. Once consented, we will provide additional information on how to access your results. Both fully vaccinated and unvaccinated individuals can participate in the testing.

Please note that no child will be subjected to this testing without parental permission. However, we urge you to consider providing this consent as it is yet another tool in our toolbox to help stop the spread of COVID-19.

Please follow these steps, to enroll in this program:

Step 1: View a tutorial on how to register with Quadrant:
<https://vimeo.com/580028969/8c78535db2>

Step 2: Scan this QR code to provide consent to Pine Valley for your child to test:



Step 3: Register for an Account with Quadrant: <https://app.clarifi-covid-19.com/>

NOTE: By registering in Quadrant you are providing consent for your child/ children to be tested.

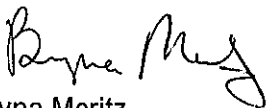
This letter and the associated links can also be accessed at our website under the COVID-19 tab. If you have any questions, please contact the HS Nurse's office. For additional information on Quadrant testing, please go to <https://quadrantbiosciences.com/>. The school nurse will reach out to you prior to the start of pool testing .

Lock Down & Go Home Early Drill - Thank you for your help and cooperation with this drill. All went very well.

Have a great holiday season and please don't hesitate to reach out with any questions or concerns.

Thank you for trusting us with your children.

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'Bryna Moritz'.

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@brybooth
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Student's Name (print): _____

Student's DOB: _____

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 named above;
- I authorize the Pine Valley Central School District and/or its contractors to test my child for COVID-19 infection.
- I understand that my child may be tested at multiple times during the 2021-2022 school year.
- I understand that this consent form will be valid through June 30, 2022, unless I revoke this consent in writing.
- I authorize my child's test results and other information to be disclosed to any governmental entity as may be required or permitted by law.
- I acknowledge that a positive test result will require my child to be sent home from school and remain at home until he/she/they meet(s) the criteria to return to school according to the Chautauqua County Health Department.
- I understand that this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action regarding my child's medical treatment in light of the test results.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- I understand that if I am a student eighteen (18) years of age 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 agree and acknowledge that I have carefully read and reviewed this form, understand it fully, and am signing it voluntarily:

Student Name (print): _____

Student Signature (if over 18 years of age): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Date signed: _____