

**Catskill Central School District  
COVID Test Kit Distribution**

\_\_\_\_\_  
Parent Name (**Please Print**)

\_\_\_\_\_  
Phone Number

Student Name (s)

Grade

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I am the parent/guardian of the student(s) listed above and have received one COVID test kit for each child.

I understand that these tests are to be used for the above named students only.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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