

CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form?

We are seeking your consent to test your child for COVID-19 infection. The Chester CUSD #139 (“School District”) has partnered with the University of Illinois (“Testing Partner”) to test School District students, teachers, and staff members for COVID-19 infection. **If you do not consent to your child being tested for COVID-19, your child will not test.** The Illinois State Board of Education may, in the future, develop policies that affect those testing regularly for COVID differently than those electing not to test. At this time, we do not have any information on what those policies may look like. *Note: If we do not meet the minimum test threshold to qualify for the IL-Shield Program, testing will not be offered. Parents will be notified, once it is confirmed that testing will take place for those students with parental consent.*

How often will your child be tested?

We are arranging for our Testing Partner to test the students at least one [1] times per [Week].

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit).

How will I know if my child tests positive?

You will receive access to your child’s test results via an online platform which we will separately send you information about in future correspondence. Chester School Nurse’s Office will also receive results of your child’s test and may/will notify you separately of any positive result.

What should I do when I receive my child’s test results?

If your child’s test results are positive, please contact your child’s doctor immediately to review the test results and discuss next steps. You may not send your child back to school without a note from your child’s doctor that indicates your child is no longer positive for the COVID-19 virus.

If your child’s test results are negative, this means that the COVID-19 virus was not detected in your child’s saliva (spit).

Tests sometimes produce incorrect negative results called “false negatives” in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child’s exposure to COVID-19, you should call your child’s doctor.

Who will receive my child’s test results? In addition to you receiving your child’s test results, the School District and the Illinois Department of Public Health (“IDPH”) will also receive your child’s test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

TO BE COMPLETED BY PARENT/GUARDIAN

<u>Parent/Guardian Information</u> All sections required – please print clearly	
Parent/Guardian Print Name:	
Parent/Guardian Home Address:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	
Best way to contact you:	
<u>Child/Student Information</u> All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child/Student Home Address:	

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 and expressly consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested multiple times through the 2021-2022 school year, and that testing will occur at least [1] times per [Week].
- I understand the potential risks include the possibility of incorrect test results because of related false positives and false negatives.
- I assume complete and full responsibility to take appropriate action regarding my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if my child's condition worsens.
- I hereby release, discharge, and hold harmless, the Chester Community Unit School District 139, including, without limitation, any of its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my child's COVID-19 diagnostic test or the disclosure of my child's COVID-19 test results.
- I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that my child's test results and other information may be disclosed as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent to my own health care, reference to "my child" refer to me and I may sign this form on my own behalf.

Signature of Parent/Guardian (if child is under age 18):		Date:
Signature of Student (if age 18 or over)		Date: