



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 Berwyn North School District #98 has partnered with the University of Illinois to test School District students, teachers, and staff members for COVID-19 infection. Consenting to testing will have the benefit of allowing your child to be tested within the school setting in the nurse's office if your child happens to present with COVID-19 symptoms during the school day.

How often will your child be tested?

We are arranging for our Testing Partner to test the students at least one time 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?

Your school nurse will receive results of your child's test and 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 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 time per week.
- 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.

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| Signature of Parent/Guardian | | Date: |
|------------------------------|--|-------|