

Litchfield Community Unit School District #12 Authorization and Consent for COVID-19 Testing of Minor

To be completed by parent or legal guardian of student less than 18 years of age seeking COVID-19 testing at Litchfield Community Unit School District #12.

Litchfield Community Unit School District #12 has been offered an opportunity to participate as a pilot school in rapid testing in the K-12 setting. As the parent/legal guardian of a minor student ("Student"), I hereby authorize and give my express consent to Litchfield Community Unit School District #12 for Student to be tested for COVID-19 in connection with the Montgomery County Health Department and under the authorization of a supervising physician.

I understand that a nasal sample will be collected from Student and tested for COVID-19 using the Binax Now COVID-19 Antigen Test. If your child is tested at school, you will be notified of the results. If Student receives a positive result, you will be contacted immediately to pick up Student from school and will be required to follow the normal process of obtaining documentation to return to school. The potential benefits of testing include helping me, Student, and Student's healthcare provider make informed decisions about Student's care, helping to limit the spread of COVID-19. I understand the potential risks include the possibility of incorrect test results because of related false positives and false negatives. I understand that Litchfield Community Unit School District #12 is not acting as Student's medical provider and that this testing does not replace treatment by Student's medical provider. I assume complete and full responsibility to take appropriate action with regard to my Student's test results. I agree I will seek medical advice, care, and treatment from Student's medical provider if I have questions or concerns, or if my Student's condition worsens.

Disclosure to Government Authorities: I acknowledge that Student's COVID-19 test results and associated information may be shared with appropriate county, state, or other governmental and regulatory entities as may be permitted by law. I permit Litchfield Community Unit School District #12 to release Student's test results and associated information with the persons or entities required to control, prevent, or mitigate the spread of COVID-19.

Release: To the fullest extent permitted by law, I hereby release, discharge, and hold harmless, the Litchfield Community Unit School District #12, 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 Student's COVID-19 diagnostic test or the disclosure of my Student's COVID-19 test results.

I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 diagnostic test and potential risks and benefits. This authorization is valid until revoked in writing by the parent or legal guardian or is no longer necessary under the law. I have the legal authority, based upon my relationship to Student, to consent to this test administration for the Student.

Student's Name: _____

Student's Date of Birth: _____

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature: _____

Date: _____

Emergency Contact relationship to Student: _____

Emergency Contact's Phone Number: _____

May we leave a message with the emergency contact? YES / NO