

CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form?

We are seeking your consent to have your child participate in our new COVID-19 testing program. The Havana School District #126 (“School District”) has partnered with the University of Illinois (“Testing Partner”) to administer a non-evasive **Saliva test** and with Binax Rapid Testing, for their minimally evasive outer nostril test to test School District students, teachers, and staff members for COVID-19 infection.

How often will your child be tested?

We are setting up a testing program to allow a Testing Partner to administer a saliva test to all students and staff once a week in the future if needed. If implemented this data will be used by the district to show that we are healthy and to create our own accurate data that can be used to determine if changes to mitigations or protocols need to be made. We do not feel that county and state data is accurate and dependable for decision making in our schools. We are also completing the steps to be able to offer students and staff a rapid test that can be used to avoid quarantines.

What is the test?

If you consent to the Shield IL saliva test, your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit). Participants will be handed a plastic tube that they will spit into and screw on a cap. This test is extremely accurate regardless of being symptomatic and can even identify positivity prior to being contagious.

If you consent to the Binax Now rapid 15 min test. A district trained person will swab the outer portion of the nostril only, apply the agent and the results will be determined in 15 minutes. This is the same rapid test used by the health dept. and others nationally.

How will I know if my child tests positive?

For the Saliva Test, you will receive access to your child’s test results via an online platform. That information will be shared with you in a separate document. The School District will also receive results of your child’s test and will notify you separately of any positive result.

The Binax Now test will provide results in 15 minutes and you will be called, texted or emailed with the result.

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

If your child’s saliva test results from the lab determine you are positive, you may not send your child back to school. **The Mason Co. Health Dept.** will be in contact with you regarding quarantining and next steps.

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

With the rapid Binax test the district will notify you either way within 15 minutes. If you are positive you will not be allowed back to school and the health department will be notified. They will provide the quarantine instructions and restrictions.

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.

Why should your child/children participate?

The district is choosing to offer this service to keep our healthy students in school. Last year almost 700 students had to be quarantined for 10-14 days because they were a close contact to a person that tested positive. Some students had to be quarantined multiple times with some missing 40-50 days of school. As a result, hundreds of healthy students missed a significant amount of school and never got sick. The CDC/IDPH have implemented a **Test to Stay Program!** This program allows for students who are a close contact to test every other day and remain in school, as long as they are negative, instead of being sent home for two weeks. The testing proves you are healthy and allows you to attend school and to continue to participate in extracurricular activities. Those that choose not to participate will be sent home when they are a close contact and are to quarantine as directed by the Mason Co. Health Dept. (test to stay is not applicable when the positive contact is within the household.)

The rapid test can also be used when an employee or student are symptomatic to determine if their illness is COVID or just some other regular illness like: flu, cold, sinus issue, allergies. With a negative test, a symptomatic student may return to school when they feel better. Otherwise it is assumed to be COVID and a symptomatic person must quarantine before returning to school.

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 using. (you will need to mark both to participate in test to stay)
 - Saliva
 - BinaxNow rapid test
- I understand that my child may be tested multiple times through the 2020-2021 school year, and that testing will occur as needed, but not more than 3 times per week if a close contact.
- I understand that this consent form will be valid through the 2020-2021 school year, unless I notify the designated contact person from my child’s school in writing that I revoke my consent.
- [I understand that if I revoke my consent or refuse to sign this consent form, my child will be required to be sent home when they are a close contact to a positive case.]
- 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: