



CONSENT NOTICE FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this Notice?

Harvard Community Unit School District 50 (District 50) has partnered with the University of Illinois to test District 50 students, teachers, and staff members for COVID-19 infection. This notice provides information about the program to allow informed consent for your child to participate in the testing program.

By signing the consent form for the testing program as described below, you consent for your child to be tested for COVID-19 infection and to have the results and related information shared with D50 and public health authorities consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

What is the SHIELD test?

Your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit).

How often will your child be tested?

We are arranging for our Testing Partner to test the students at least two (2) times per week.

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. (District 50 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.

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, District 50 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.

Do I need to take any other action?

No other action is required if you consent for your child to be tested for COVID-19 infection pursuant to the above terms. If you consent for your child to be tested for COVID-19 infection, complete, sign, and return the OPT-IN form on the next page.



OPT-IN FORM

To Be Completed by Parent/Guardian

Parent/Guardian Information

All sections required – please print clearly.

Parent/Guardian Name (Print): _____

Parent/Guardian Home Address: _____

Parent/Guardian Cellphone: _____

Parent/Guardian Email: _____

Best way to contact you: _____

Child/Student Information

All sections required – please print clearly.

Child/Student Name (Print): _____

Child/Student Date of Birth: _____

Child/Student School: _____

Child/Student Home Address: _____

By signing below, I attest that:

- I consent for my child to be tested for COVID-19 infection.
- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I understand that if I revoke my consent, my child will not be eligible for any exception to the CDC's definition of "close contact" and will be required to continue their education via remote learning if quarantined.
- I understand that if I am a student age 18 or older, or may otherwise legally consent to my own health care, references 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