



ARTHUR CUSD #305



COVID-19 Voluntary Testing Consent & Acknowledgment Form

Arthur School District No. 305 seeks to maintain a safe environment for employees, students, and their families in light of the COVID-19 outbreak. This consent form provides Arthur Schools, District No. 305 with your permission to perform a COVID-19 rapid screening test, the BinaxNOW, on your child (or on you, if you are the student or staff member), and to release the results of that test to the Illinois Department of Public Health and the County Health Department.

What Is the BinaxNow Test?

BinaxNOW is a rapid antigen test that detects the presence of SARS-CoV-2, the virus that causes a COVID-19 infection, in about fifteen minutes. The specimen for the test is collected via a nasal swab. This test is completely voluntary and will not ever be administered unless this form is signed.

When Will Students Be Tested?

Arthur School District No. 305 intends to administer the BinaxNOW test to students and staff members who present with symptoms of COVID-19 and whose parents/guardians (and the students themselves, if age 18 or older and not under guardianship) have provided consent for testing. ***Please note, self-certification of symptoms is still required. Do not send your student to school if they are exhibiting any symptoms of COVID-19.*** The BinaxNOW test is only intended to be administered to students who begin to exhibit symptoms during the school day. ***Students will be expected to quarantine consistent with the Illinois Department of Public Health's Guidance.***

Who Will See My Student's Test Results?

Testing will be completed and interpreted by a nurse or trained personnel hired by Arthur School District No. 305. Testing results will be available to any employees of Arthur School District No. 305 with a legitimate educational interest, consistent with the *Illinois School Student Records Act*. Additionally, Arthur School District No. 305 will share the following delineated information to the parties described below in the manner described below:

- Arthur School District No. 305 will share positive and negative test results, student name, student date of birth, and student address with the Illinois Department of Public Health via electronic transmission of this information using the online reporting site. The purpose of this disclosure is to facilitate contact tracing and tracking of test usage.
- Arthur School District No. 305 will share positive and negative test results, student name, student date of birth, and student address with the County Health Department. The purpose of this disclosure is to facilitate contact tracing and to assist the local health department in monitoring community transmission metrics.

All positive and negative test results will also be shared with the student's parent/guardian for the

purpose of seeking additional medical treatment.

By signing this Voluntary Testing Consent & Acknowledgement, I (Parent/Guardian and Student), on my own behalf and on behalf of Student, agree to waive, release, indemnify, hold harmless, and covenant not to sue Arthur School District No. 305, its Board of Education, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, with respect to any and all claims, charges, and causes of action, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness, death, damage, or loss, arising out of or in connection with Arthur School District No. 305's administration of the BinaxNOW test to Student and/or with respect to and related to Arthur School District No. 305's sharing of Student's test results.

Completing and signing this form serves as a consent for the test to be performed on the named individual by Arthur School District No. 305 and to release the test results, and is also an acknowledgment of the above statements.

CONSENT & ACKNOWLEDGMENT & RELEASE OF LIABILITY

As parent/guardian, I consent to Arthur School District No. 305 completing the BinaxNOW rapid test on Student. As a Student, I consent to Arthur School District No. 305 completing the BinaxNOW test on me. As a staff member, I consent to Arthur School District No. 305 completing the BinaxNow test on me. I further authorize Arthur School District No. 305 to share the results of the BinaxNOW test with the County Health Department and the Illinois Department of Public Health as described above, and as otherwise required by law or guidance. This consent and authorization is effective upon signature and will be valid through May 30, 2022, unless revoked. This consent can be revoked at any time by providing written notice.

Student Name: _____
Please print

Student Signature: _____ Date: _____

Parent/Guardian Name: _____
Please print

Parent/Guardian Signature: _____

Date: _____