



Paw Paw Community Unit School District #271
P.O. Box 508 • 511 Chapman Street • Paw Paw, IL 61353-0508

INFORMED CONSENT & RELEASE FOR COVID-19 DIAGNOSTIC TESTING

Authorization and Consent for Covid-19 Diagnostic Testing:

I voluntarily consent and authorize Paw Paw Community Unit School District No. 271 (“PPSD”) to conduct collection, testing, and analysis from either myself or my student/child for the purposes of a COVID-19 diagnostic test. I acknowledge and understand that the COVID-19 diagnostic test will require the collection of an appropriate sample through a nasal swab at the level of the nasal turbinates (less than one inch into the nostril). The sample collection requires at least 5 gentle rotations against the nasal wall in each nostril. I understand that there are risks associated with undergoing a diagnostic test for COVID-19, including potential for false positive or false negative test results, physical injury (including the potential for nosebleeds or internal hemorrhaging) from nasal swab, and allergic reaction to nasal swab material.

I understand that I am not required to undergo testing, but that if I choose not to do so I may be excluded from school or work. I understand that if I do choose to undergo testing, that I may be subjected to risks associated with the testing. I assume responsibility to take appropriate action with regards to the test results. I understand the provision of testing is not a substitute for medical advice, and that test results are not medical advice. Should I have questions or concerns regarding the results, or a worsening of mine or my student’s condition, I shall promptly seek advice and treatment from an appropriate medical provider.

Disclosure to Government Authorities

I acknowledge and agree that PPSD may disclose my test results and associated information to appropriate county, state, or other governmental and entities as may be permitted and/or required by law.

Release

To the fullest extent permitted by law, on behalf of myself and/or my student I hereby release and discharge PPSD, including, without limitation, its elected officials, 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 the COVID-19 diagnostic test or the disclosure of the COVID-19 test results.

Acknowledgment

I acknowledge and agree that I have read, I understand, and agree to the conditions for testing described above. I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, potential risks and benefits, and associated costs. I have been provided an opportunity to ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID 19 diagnostic test, **I may decline testing by refusing to sign below.**

Name of the individual requesting testing: _____

____ Student

____ Employee

____ Adult working in PPSD buildings

Date of Test: _____

Date of Birth _____

Phone: _____

Address: _____

Printed Name of Individual Being Tested: _____

Signature of Individual Being Tested or Parent/Guardian if under 18:

Test Result: _____