**What is this form?**

We are seeking consent to test your child for COVID-19 infection. The Du Quoin Community Unit School District #300 (“School District”) has partnered with the Illinois Department of Public Health (“IDPH”) to use the Abbott BinaxNOW COVID-19 antigen test for individuals (vaccinated and unvaccinated) presenting to the school nursing offices with symptoms during regular school hours or who have been exposed to a positive case in a school setting.

**How often will individuals be tested?**

At the time of a school nursing office visit by an individual with one or more of the currently recognized IDPH COVID-19 symptoms (vaccinated and unvaccinated individuals) or at a time provided by school nursing staff following an exposure to a positive case at school.

**What is the test?**

BinaxNOW:

If consent is provided, your child will receive a free antigen diagnostic test for the COVID-19 virus conducted by collection of a nasal swab and facilitated by a school nurse or health aide.

Note that there may be times that a negative BinaxNOW result may require that the student be picked up from school due to type of symptom(s) present. There may be times when a confirmatory PCR test is requested such as when there are high community transmission levels, if the school is experiencing an outbreak, if the individual has had close contact with a case of COVID-19, or when results combined with symptoms and risk factors warrant based on school nurse assessment. Requirements for confirmatory testing are subject to change based on new findings.

**How will I know if I (staff member)/my child (parent/guardian) tests positive?**

Parents/guardians will receive a call from the school nursing office.

**What should I do upon receipt of my (staff member)/my child’s (parent/guardian) test results?**

If my child’s test results are positive, please contact your healthcare provider immediately to review the test results and discuss next steps. Please also discuss results with your school nursing office.

Families may not send children back to school without meeting the IDPH requirements for positive cases of COVID-19.

If your child’s test results are negative, this means that the COVID-19 virus was not detected in the nasal swab. If your child has any COVID-19 symptoms or has had close contact with an individual infected with COVID-19, your child may need to remain at home depending on specific symptoms, exposure, and whether a confirmatory test will be needed. Discuss this with your child’s school nurse.

**Who will receive my (staff member)/ my child’s (parent/guardian) test results?**

In addition to receiving your child’s test results, the School District and the IDPH will also receive your child’s test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

**To be completed by Parent/Guardian or Staff Member (if form is for school employee)**

|  |  |
| --- | --- |
| **Parent/guardian name (please print):** | Click or tap here to enter text. |
| **Student name(s) (please print):** | Click or tap here to enter text. |
| **Student grade level(s) (please check):** | **K 1 2 3 4 5 6 7 8**  **9 10 11 12** |

By signing below, I attest that:

1. I have signed this form freely and voluntarily, and I am legally authorized to make decisions on behalf of my child named above.
2. I understand that my child’s test results and other information may be disclosed as permitted by law.
3. I consent to testing using the BinaxNOW test if my child presents to the school nursing office with any COVID-19-like symptoms OR has close contact with a positive case in the school setting. I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person at my child’s school in writing that I revoke my consent.

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| --- | --- | --- |
| Signature of Parent/Guardian (if child is under age 18): |  | Date:Click or tap to enter a date. |
| Signature of Student  (if age 18 or older): |  | Date:Click or tap to enter a date. |