

Laboratory Schools Consent Form for COVID-19 Testing & Release of Records

What is this form?

We are seeking your consent to test your student for COVID-19 infection.

What test will Lab use?

Lab's testing program will use the covid SHIELD saliva test, a PCR test designed by University of Illinois.

How often will your student be tested?

All students who have not had COVID-19 in the past 90 days will be tested at least weekly.

What is the test?

With your consent, your student will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit).

How will I know if my student tests positive?

Should a student test positive, Lab's nursing staff will promptly contact that student's parents or guardians.

What should I do when I receive my student's test results?

You will only be notified if your student tests positive for COVID-19. Families whose student has tested positive for COVID-19 must follow University guidelines for isolation and cooperate with the University's contact tracing program.

Who will receive my student's test results?

- Lab's nursing staff will receive all test results. Should a student test positive, Lab's nursing staff will promptly contact that student's parents or guardians.
- The principal's office and the student's teachers and counselor will also be notified so that they can support the student as needed.
- Lab's nursing team will notify the University Infection Control Team upon whom Lab relies for contact tracing.
- SHIELD Illinois reports positive results to the Illinois Department of Public Health daily, which reports those results to the corresponding local health department for contract tracing purposes.

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>Student Information</u>	
All sections required – please print clearly	
Student Print Name:	
Student Date of Birth:	
Student Grade:	
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 student named above.
- I consent for my student to be tested for COVID-19 infection.
- I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person from my student'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 may not be able to fully participate in Lab's program and activities during the 2021-2022 school year.
- I understand that my student'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 student" refer to me and I may sign this form on my own behalf.

Signature of Parent/Guardian (if student is under age 18):		Date:
Signature of Student (if age 18 or over)		Date: