

PALOS 118 CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

Dear Parents,

Palos CCSD 118 will partner with SHIELD-IL this school year to administer free COVID-19 tests to all students. **This is a voluntary program and parental consent must be given by completion of this form.** There will be two test types utilized;

1. The SHIELD-IL weekly screening test

SHIELD-IL screening tests are performed weekly, by collecting a saliva sample. The samples will be sent out to a local laboratory for testing and parents can expect to be notified of any positive test results within 24 hours. These tests are meant to detect COVID infections before symptoms arise and before it can spread effectively. We anticipate screenings to begin in mid-September.

2. BINAX rapid response antigen test

BINAX rapid response antigen tests may be used to detect infection in students exhibiting COVID symptoms while at school. These tests are administered by a school nurse via a shallow nasal swab and results are available within 30 minutes. Under IDPH guidance symptomatic students must be excluded from school until they can produce a negative COVID test. Administering these tests at school may allow negative symptomatic students to remain in school or return to school quicker once symptoms have resolved. Furthermore, students that have been identified as close contacts within 3 feet or have had exposure outside of school (but not in household) may use school administered BINAX tests in the “Test-to-Stay” program.

The district is utilizing an OPT-IN consent model for participation. This means only students with a returned consent form will be tested.

The consent form can be returned to your child’s teacher or to the front office. Parents can consent to participate in either or both the SHIELD and BINAX testing. If you do not wish to participate there is no need to return this form. Again, the district encourages all students to participate in the testing program. Screening and testing is a key component of keeping all children safe and keeping them in school.

Please find additional information at the following links:

-FAQ on the in-district screenings is available here: www.palos118.org/school-year-2021-2022-planning

-More detailed information on SHIELD-IL test is available here: www.uillinois.edu.shield

- A SHIELD-IL provided FAQ is available here: <https://answers.uillinois.edu/search.php?q=SHIELD>

-Information on the BINAX rapid test is available here: <https://www.fda.gov/media/141570/download>

For additional information please contact jveihman@palos118.org

CONSENT FORM IS ON BACK

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:	
<u>Child/Student Information</u> All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child Grade:	Child Teacher:

I consent to my child to participate in the weekly screening program utilizing the SHIELD - IL saliva test.

_____ (initials)

I consent to my child receiving the BINAX shallow nasal swab antigen test in the event of my student showing COVID symptoms while at school and for the Test-to-Stay program..

_____ (initials)

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person from my child’s school in writing that I revoke my consent.
- I understand that my child’s test results and other information may be shared with public health agencies.

Signature of Parent/Guardian		Date:
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