

Community High School District 155
SHIELD ILLINOIS
STUDENT CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form?

We are seeking your consent to test your child for COVID-19 infection. Community High School District 155 (“School District”) has partnered with the University of Illinois to test School District students and staff for COVID-19 infection using the University of Illinois’ rapid rtPCR test (“SHIELD Test”). The School District strongly encourages participation, but consent for testing is completely voluntary and will not be administered unless this form is signed.

How often will your child be tested?

Your child will be tested on a schedule determined by the School District. At this time, the School District anticipates that it will conduct testing at least 1 time per week.

What is the test?

If you consent, your child will receive a free SHIELD Test, which is a test for the COVID-19 virus conducted by collecting saliva (spit). The University of Illinois has engaged HR Support to facilitate and administer SHIELD testing.

How will I know if my child tests positive?

The University of Illinois will provide all test results to the School District. If your student’s results are positive, you will be contacted by the School District, HR Support, or another contractor of the University of Illinois. **You will not be contacted if your student’s results are negative.**

What should I do when I receive my child’s test results?

If your child’s test results are positive, please contact your child’s doctor immediately to review the test results and discuss next steps. Your child must quarantine consistent with guidance from the Illinois Department of Public Health.

If your child’s test results are negative, this means that the COVID-19 virus was not detected in your child’s saliva (spit). Tests sometimes produce incorrect negative results called “false negatives” in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child’s exposure to COVID-19, you should call your child’s doctor and quarantine consistent with the guidance from the Illinois Department of Public Health.

Who will receive my child’s test results?

Testing results will be available to any employees of the School District with a legitimate educational interest, consistent with the Illinois *School Student Records Act*. Additionally, the School District will share the following information in the manner described below:

- The School District may share the following with the Illinois Department of Public Health and the McHenry County Health Department: your student’s positive and negative test results, name, date of birth, sex, race, ethnicity, and address. The purpose of this disclosure is to facilitate contact tracing and for reporting purposes.
- The School District may share the following with the University of Illinois, and HR Support, or another contractor of the University of Illinois: your student’s specimens, positive and negative test results, name, date of birth, address, sex, student identification number, email address, mobile phone, school, race, and ethnicity. The purpose of this disclosure is to facilitate test processing and results, contact tracing, and tracking of test usage.
- The School District may share positive and negative test results and student identifying information with the student and his/her parent/guardian, and as otherwise permitted by law or guidance.

By signing below, I agree that:

I consent for my child to be tested for COVID-19 infection using the University of Illinois' SHIELD Test as described in this Consent Form, including the administration of the test by HR Support, or another contractor of the University of Illinois.

I understand that my child's test results and other information may be disclosed as permitted by law, guidance, and as described above.

· I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above. I knowingly and voluntarily assume and accept all risks associated with my child's participation in the SHIELD Test. I understand that these risks include potential injury, illness, allergic reaction, and other potential risks of which I may not presently be aware. I also acknowledge that the results of a SHIELD Test may not be sufficient to detect or rule out the possibility that my child has been exposed to or is infected with COVID-19 and that there is a potential for a false positive or false negative test result. SHIELD Tests do not replace treatment by my child's medical provider and I assume complete and full responsibility to take action with regard to my child's test results.

· In consideration of my child's participation in the SHIELD Test at no cost, I (Parent/Guardian) on behalf of myself and my student, and my agents, representatives, assigns, heirs, and successors, hereby waive, release, indemnify, hold harmless, and covenant not to sue the School District and its Board of Education, individual Board members, employees, agents, representatives, volunteers, insurers, and assigns, and each and every one of them, from and against any and all claims, suits, liabilities, and causes of action, whether known or unknown, past, present, or future, including but not limited to any and all costs, expenses, attorneys' fees, by reason of injury, illness, allergic reaction, property damage, loss, or death, arising out of, in connection with, or in any manner related to my child's participation in the SHIELD Test, including any false test results and any resulting medical advice, course of treatment, or diagnoses or related to the sharing of my student's test results or identifying information.

I understand that this consent form will be valid through June 30, 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent.

If I am a student age 18 or older, or may otherwise legally consent to my own health care, references to "my child" or "my student" refer to me and I may sign this form on my own behalf.

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Please indicate each of your students below:

Student Name (Please clearly print each name)	Student's School ID Number (If known)

Signature of Parent/Guardian (or student if 18 years old)

Parent Name (Printed)	Parent Signature	Date

Por favor indique a cada uno de sus estudiantes a continuación

Nombre del Estudiante (escriba claramente con letra de imprenta cada nombre)	Número de Identificación del Estudiante (si lo conoce)

Firma del padre/tutor (o del estudiante si tiene 18 años)

Nombre del Padre (en letra de imprenta)	Firma del Padre	Fecha

Please sign it and print it, and then take a photo with your phone and email it to sendform@d155.org. If you don't want to submit the form electronically, please deliver it to the vice principal at your school.