SHIELD ILLINOIS

STUDENT CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form?

Marian Catholic has partnered with the University of Illinois ("Testing Partner") to test Marian students, teachers, and staff members for COVID-19 infection using the University of Illinois' rapid rtPCR test ("SHIELD Test"). This notice provides information about the program to allow an informed consent for your child to participate in the testing program. This form, as described below, gives consent for your child to participate in SHIELD testing.

Consent is mandatory for any athletes participating in winter sports.

How often will my child be tested?

In accordance with current Centers for Disease Control (CDC) recommendations as adopted by the Illinois Department of Public Health, testing will be conducted at least one time per week.

What is the test?

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 Medcall 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 Marian Catholic. If your child's results are positive, you will be contacted by Marian Catholic. You will not be contacted if your child's results are negative. All results are confidential and protected under HIPPA.

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 isolate consistent with guidance from the Illinois Department of Public Health, refer to Marian Catholic Covid Flowchart which contains testing sites.

If your child's test results are negative, this means that the COVID-19 virus was not detected in your child's saliva (spit). Your child may continue to attend school.

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 isolate consistent with the guidance from the Illinois Department of Public Health.

Who will receive my child's test results?

In addition to you receiving your child's test results, Marian Catholic and the Illinois Department of Public Health (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

<u>All</u>	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>All</u>	Child/Student Information sections required – please print clearly
Student Print Name:	
Student Date of Birth:	
Student ID Number:	
Student Home Address:	
By signing below, I attest that: • I have signed this form freely the child named above. • I consent for my child to be te	y and voluntarily, and I am legally authorized to make decisions for ested for COVID-19 infection.

- I understand that the testing will occur at least once a week.
- I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person in writing that I revoke my consent.
- I understand that my child's test results and other information may be disclosed as permitted by law and are protected by HIPPA.
- I understand that if I am a student 18 or older, or may otherwise legally consent to my own healthcare, the reference to "my child" refers to me, and I may sign this form on my own behalf.
- I understand that if my student is absent on a day of testing they will not be able to participate in practice or games. A test result will need to be obtained by the parent to resume participation.

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