THOLIC AIC	Consent & Results for BinaxNOW COVID-19 Rapid Antigen Test					
VERITAS WILLIAM VERITAS OCHOOL VERIT	STUDENT NAME:		DOB:			
the light of the C BinaxNOW, CO' Department of Po guidance. This au	High School seeks to maintain a saccovID-19 pandemic. This consent VID-19 rapid antigen test on your solublic Health and the Cook County authorization will remain effective up evoked at any time by providing will be a second or seeks to maintain a saccoving will be a seeks to maintain a saccoving a seeks to maintain a saccoving will be a seeks to maintain a seeks to maintain a saccoving will be a seeks to maintain a seeks to maintain a seeks	provides the Marian with y student, and to release the r Health Department, as requipon signature and during t	your permission results of the to uired by law of the 2021-2022	n to perform to the republic he school ye	orm the Illinois nealth	
PARENT/GUAR	RDIAN (printed)					
PARENT/GUAR	RDIAN SIGNATURE		D	ATE		
	NOW Test? n antigen test that detects the preser pecimen is collected via nasal swab	· · · · · · · · · · · · · · · · · · ·			-19	

Who will be tested and when will they be tested?

Marian Catholic High School intends to administer BinaxNOW tests to students who present with symptoms of COVID-19 and who have a completed consent form. Please note, self-certification of symptoms is still required. DO NOT SEND YOUR STUDENT TO SCHOOL IF THEY ARE EXHIBITING SYMPTOMS OF *COVID-19.* The BinaxNOW test is only intended to be administered to students to begin to exhibit symptoms during the school day. Students will be expected to isolate/quarantine consistent with guidance provided by the Illinois Department of Public Health.

Reason for Test on	(date)			
TEST RESULT				
DATE	□ Positive	□ Negative	□ Inconclusive	
High suspicion due to	known close contact, community s	pread, or mid-outbre	eak? □ Yes □No	