



CHIARAVALLE  
MONTESSORI

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## COVID-19 Voluntary Testing Consent & Acknowledgment Form

Chiaravalle Montessori School seeks to maintain a safe environment for employees, students, and their families in light of the COVID-19 outbreak. This consent form provides Chiaravalle Montessori School with your permission to perform a BinaxNOW COVID-19 test on your child, and to release the results of that test to the Illinois Department of Public Health and the Evanston Health and Human Services Department.

### What is the BinaxNOW Test?

BinaxNOW is an antigen test that detects the presence of SARS-CoV-2, the virus that causes a COVID-19 infection, in about fifteen minutes. The specimen for the test is collected via a nasal swab. All swabs will be used solely for the purpose of COVID-19 testing and then destroyed in a manner appropriate for biological specimens.

### When Will Students Be Tested?

Chiaravalle Montessori School intends to administer the BinaxNOW test to students ages 3 and older who present with symptoms of COVID-19 and whose parents/guardians have provided consent for testing. ***Do not send your student to school if they are exhibiting any symptoms of COVID-19.*** The BinaxNOW test is only intended to be administered to students who begin to exhibit symptoms during the school day or students who are a part of the Test to Stay program.

### Who Will See the Test Results?

Testing will be completed and interpreted by either the Chiaravalle Montessori School Nurse or a trained staff member. Testing results will be available to select staff members on a need-to-know basis, including but not limited to the school nurse, home-room teacher, and select administration. All test results, both positive and negative, will be shared with the Illinois Department of Public Health via the online daily reporting survey in order to facilitate contact tracing and tracking of test usage. Positive results will also be shared with the Evanston Health and Human Services Department and with the parent/guardian of the student.

By signing this Voluntary Testing Consent & Acknowledgement, I (Parent/Guardian), on my own behalf and on behalf of Student, agree to waive, release, indemnify, hold harmless, and covenant not to sue Chiaravalle Montessori School, it's Board of Trustees, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, with respect to any and all claims, charges, and causes of action, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, and attorney's fees, by reason of any injury, illness, death, damage, or loss, arising out of or in connection with Chiaravalle Montessori School's administration of the BinaxNOW test to Student and/or with respect to and related to

Chiaravalle Montessori School's sharing of test results.

Completing and signing this form serves as a consent for the test to be performed on the named individual by Chiaravalle Montessori School and to release the test results, and is also an acknowledgement of the above statements.

### **CONSENT & ACKNOWLEDGEMENT & RELEASE OF LIABILITY**

As parent/guardian, I consent to Chiaravalle Montessori School completing the BinaxNOW test on Student. I further authorize Chiaravalle Montessori School to share the results of the BinaxNOW test with the Evanston Health and Human Services Department and the Illinois Department of Public Health as described above, and as otherwise required by law or guidance. This consent and authorization is effective upon signature and will be valid in perpetuity, unless revoked. This consent can be revoked at any time by providing written notice to the school nurse at [schoolnurse@chiaravalle.org](mailto:schoolnurse@chiaravalle.org).

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date