

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. In an effort to keep our students safe, and help prevent them from missing classroom time, School District U-46 has partnered with the University of Illinois to test unvaccinated students, teachers, and staff members for COVID-19 infection. This is a form seeking your signature to consent to routine screening. Consenting to routine screening testing may allow your student to stay in school when they otherwise may have had to quarantine.

How often will your child be tested?

We are arranging for our testing partner to test the students at least once a week.

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit).

How will I know if my child tests positive?

Once you consent to testing, you will receive information about an online platform and instructions on how to access your child's test results. School District U-46 will also receive results of your child's test and will notify you separately of any positive result.

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. A U-46 registered nurse or other contact tracer will call you to discuss the timeline for your student's return to school, and gather additional information regarding any potential close contacts. You may not send your child back to school until you receive clearance from the building nurse.

If your child's test results are negative, this means that the COVID-19 virus was not detected in your child's saliva (spit). No further action is needed on the part of the student or family.

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.

Who will receive my child's test results?

In addition to you receiving your child's test results, the School District 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

Parent/Guardian Information	
All sections required – please print clearly	
Parent/Guardian Print Name:	
Parent/Guardian Home Address:	
Parent/Guardian City, State, Zip Code:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	
Best way to contact you:	
Child/Student Information	
All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child/Student Home Address:	
Child/Student City, State, Zip Code:	
Child/Student Race:	
Child/Student Second Race:	
Child/Student: Ethnicity:	

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 consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested multiple times through the 2021-2022 school year, and that testing will occur at least one time per week.
- I understand that this consent form will be valid through the 2021-22 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 disclosed as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent to my own health care, the reference to “my child” refers to me and I may sign this form on my own behalf.

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