

CONSENT NOTICE FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this Notice?

The Evanston/Skokie School District 65 (“School District”) has partnered with the University of Illinois (“Testing Partner”) to test School District students, teachers, and staff members for COVID-19 infection. This notice provides information about the program to allow an informed consent for your child to participate in the testing program. By sending your child to school without opting-out of the testing program as described below, you consent to the following:

- COVID-19 diagnostic testing of your child including the collection of a sample specimen by the School District with testing and analysis of the sample by the Testing Partner; and
- Results and related information shared with the School District and with appropriate Federal, State, county, or other governmental and regulatory entities, including local public health authorities, as may be permitted by law and consistent with IDPH guidance..

How often will your child be tested?

We are arranging for the collection of a sample from students by the School District and for our Testing Partner to test the student samples at least once per week.

What is the test?

Your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting a saliva (spit) sample at the school.

How will I know if my child tests positive or negative?

The School District will notify you of any **positive** results.

What should I do when I receive my child’s test results? If your child’s test results are positive, you must keep your student home for the isolation/quarantine period consistent with the local public health department, IDPH or CDC guidance. You may be required to produce a note from the local public health department clearing your student from quarantine before they may return to school.

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 any questions or concerns about your child’s exposure to COVID-19, you should promptly seek advice and treatment from an appropriate health care provider and keep your student home consistent with public health guidelines.

Who will receive my child’s test results? The School District and the Illinois Department of Public Health (“IDPH”) will receive your child’s test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code. IDPH and the school District will also communicate results with the local health department.

Do I need to take any other action? No other action is required if you consent for your child to be tested for COVID-19 infection pursuant to the above terms. If you do NOT consent for your child to be tested for COVID-19 infection, complete, sign, and return the OPT-OUT form below.

OPT-OUT

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 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:	

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 DO NOT consent for my child to be tested for COVID-19 infection.
- I understand that if I revoke my consent, my child may not be eligible for any exception to the CDC’s definition of a “close contact” and will be required to continue their education via remote learning, if quarantined.

- I understand that if I am a student age 18 or older, or may otherwise legally consent to my own health care, reference to “my child” refer to me and I may sign this form on my own behalf.

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