

## **CONSENT NOTICE FOR COVID-19 TESTING & RELEASE OF RECORDS**

### **What is this Notice?**

Thornton Township High School District 205 (“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 not opting-out of the testing program as described below, consent for your child to be tested for COVID-19 infection is presumed.

### **How often will your child be tested?**

I give my child permission to test as often as needed or as desired. We anticipate testing most unvaccinated students at least weekly.

### **What is the test?**

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?**

You will receive access to your child’s test results via an online platform which we will separately send you information about in future correspondence. [The School District will also receive results of your child’s test and may/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. If your child’s test results are positive, you will work collaboratively with Thornton Township High School District 205 along with guidance from the Cook County Health Department to determine next steps and a timeline for 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 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.

**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 on the next page to Dr. Justin Moore, Principal at Thornridge High School.

**OPT-OUT**

**TO BE COMPLETED BY PARENT/GUARDIAN IF COVID-19 TESTING IS REJECTED**

<b><u>Parent/Guardian Information</u></b>	
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:	
<b><u>Child/Student Information</u></b>	
All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child/Student Home Address:	
Student ID Number	

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 am a student aged 18 or older or may otherwise legally consent to my own health care, reference to “my child” refers to me and I may sign this form on my own behalf.

Signature of Parent/Guardian		Date:
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