

**ROBINSON CUSD#2 INFORMATION REGARDING 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. The Robinson Community School District #2 (“School District”) has partnered with the University of Illinois (“Testing Partner”) to test School District students, teachers, and staff members for COVID-19 infection.

How often will your child be tested?

We are arranging for our Testing Partner to test the students at least [1] time per 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?

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. [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. Your child must be excluded from in-person learning according to local health department guidelines.

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”) and Crawford County Health Department (CCHD) will also receive your child’s test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

CONSENT FORM

TO BE COMPLETED BY PARENT/GUARDIAN AND RETURNED TO THE ATTENTION OF THE SCHOOL NURSE

<u>Parent/Guardian Information</u>	
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:	
<u>Child/Student Information</u>	
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 consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested multiple times through the 2022-2023 school year, and that testing will occur at least once per week
- I understand that this consent form will be valid through the 2022-2023 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, 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: