



La Grange School District 105

Empowering students to make a difference in our world by assisting them to be self directed, passionate, lifelong learners.

Student D105 COVID-19 Voluntary Risk Screening Consent Form

This consent provides LaGrange School District 105, with your permission, to perform a weekly non-diagnostic “RT-LAMP” assay for COVID-19 on your child as part of our mitigation procedure based on the District’s need to maintain a safe environment for employees and students, and other essential persons with whom your child may come into contact.

The screener consists of a small, non-invasive saliva collection, whereby saliva will be collected by the individual being tested in a sterile container. The saliva will then be tested to indicate the potential presence of COVID-19. Saliva samples will be used for the sole, exclusive purpose of performing the screener. Samples will be destroyed following testing in a manner appropriate for biological specimens. Results obtained will be used for the purpose of surveillance in the District, as described herein. Individual or pooled results of this surveillance will not be published under any circumstances.

The turn-around time for results is less than 4 hours. The District anticipates the ability to run samples the same day as the collection to provide results. If results show clinical significance, a district nurse will call you in the evening or first thing in the morning. In the event that the screener indicates a potential presence of COVID-19, you will be notified of “findings of potential clinical significance” and be encouraged to contact your doctor for additional testing. The screener alone may not be sufficient to detect or rule out the possibility that you have been exposed to or are infected with COVID-19. For this reason, the District will treat findings of potential clinical significance using this screening tool the same way that we will treat the outcomes of surveillance and safety measures we are using, such a temperature measurements or observable COVID-19 like symptoms. Individuals receiving notification of findings of potential clinical significance will be required to stay home and self-isolate until cleared through FDA approved diagnostic testing protocols and a negative test result, or after the required quarantine period of 14 days and no fever for 24 hours, or as otherwise required by the Illinois Department of Public Health.

You have the right to discuss the proposed testing with your physician, to learn about the purpose, potential risks and benefits of any testing. In all circumstances, you should carefully monitor your child’s symptoms and, notwithstanding the results of any testing, your child must remain at home and you are encouraged to consult with your physician if your child experiences any symptoms of COVID-19.

By signing below, you

- (1) voluntarily consent to this procedure for your child for the non-diagnostic detection of a clinically significant finding that could indicate the presence of COVID-19; and



La Grange School District 105

Empowering students to make a difference in our world by assisting them to be self directed, passionate, lifelong learners.

- (2) voluntarily consent for the weekly collection of saliva for the sole purpose of running this screener from the week of October 19 -December 14, 2020; and
- (3) voluntarily acknowledge that if your child reports to the office with COVID-19 symptoms during the school day, we may contact you for additional voluntary consent to test outside of the normal weekly testing schedule; and
- (4) voluntarily consent to the disclosure of findings of potential clinical significance to the District Nurse's office which will be maintained as health-related information in the same manner that the District currently maintains other health-related information such as the results of vision and hearing screenings and medication dispensation records.
- (5) If at any time, you choose to revoke this consent, your revocation must be received by the District in writing indicating your desire to revoke your consent for your child to participate in the weekly administration of the screener described above.

Student Name: _____

Parent Name: _____

Home School: _____

Best Phone Number to Reach You: _____

Date: _____