



## **School District 105**

**Countryside • Hodgkins • La Grange**

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### **LaGrange School District #105 Consent Form for COVID-19 Testing & Release of Records**

#### **What is this form?**

We are seeking consent to test you (staff member)/your child (parent/guardian) for COVID-19 infection. The LaGrange School District #105 (“School District”) has partnered with the University of Illinois (“Testing Partner”) to use the SHIELD Illinois RT-PCR COVID-19 test to routinely test individuals, staff members and students both vaccinated and unvaccinated, and perform more frequent testing in situations meeting outbreak status (five or more cases linked epidemiologically that do not share the same household and are not listed as close contacts of each other outside the outbreak setting).

The School District has partnered with Cook County Department of Public Health (“CCDPH”) to use the Abbott BinaxNOW COVID-19 antigen test for individuals (vaccinated and unvaccinated) presenting to the school nursing offices with symptoms during regular school hours.

#### **How often will individuals be tested?**

##### **SHIELD Illinois:**

Individuals will be tested at school one time per week.

In times of outbreak status, testing may be done more frequently for individuals for a specified time period depending on the circumstances and based on the then current recommendations of Illinois Department of Public Health (“IDPH”)/CCDPH.

##### **BinaxNOW:**

At the time of a school nursing office visit by an individual with one or more of the currently recognized IDPH COVID-19 symptoms (vaccinated and unvaccinated individuals).

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

##### **SHIELD Illinois:**

If consent is provided, you (staff member)/your child (parent/guardian) will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit) and facilitated by a Third Party Collections Team. <https://www.youtube.com/watch?v=QaNzXT1aIFs>

##### **BinaxNOW:**

If consent is provided, you (staff member)/your child (parent/guardian) will receive a free antigen diagnostic test for the COVID-19 virus conducted by collection of a nasal swab and facilitated by a school nurse. <https://www.youtube.com/watch?v=QpdOsXvh2nE>



**THE D105 DIFFERENCE**

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Note that there may be times that a negative BinaxNOW result may require that the student be picked up from school due to type of symptom(s) present and may require that a confirmatory test at an outside facility be completed or completion of a 10 day isolation period (if confirmatory testing is not completed). This may be when required by CCDPH due to high community transmission levels, if the school is experiencing an outbreak, if the individual has had close contact with a case of COVID-19, or when results combined with symptoms and risk factors warrant based on school nurse assessment. Requirements for confirmatory testing are subject to change based on new findings.

### **How will I know if I (staff member)/my child (parent/guardian) tests positive?**

#### **SHIELD Illinois:**

You will receive access to your (staff member)/your child's (parent/guardian) 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 (staff member)/your child's (parent/guardian) test. The School District or the Third Party Collections Team will notify you separately of any positive result.

#### **BinaxNOW:**

Staff member/parents/guardians will receive a call from the school nursing office.

### **What should I do upon receipt of my (staff member)/my child's (parent/guardian) test results?**

If my (staff member)/my child's (parent/guardian) test results are positive, please contact your healthcare provider immediately to review the test results and discuss next steps. Please also discuss results with your school nursing office or Shelby Raney, District certified school nurse. Staff members may not report to work and families may not send children back to school without meeting the IDPH requirements here: <https://www.isbe.net/Documents/IDPH-COVID19-Exclusion-Decison-Tree.pdf> (English) <https://www.isbe.net/Documents/IDPH-Decision-Tree-Spanish.pdf> (Spanish)

If you (staff member)/your child's (parent/guardian) test results are negative, this means that the COVID-19 virus was not detected in the saliva (spit) or nasal swab. If you (staff member)/your child (parent/guardian) has no symptoms of COVID-19, he/she may continue attending school. However, tests sometimes produce incorrect negative results called "false negatives" in people who have COVID-19. If you (staff member)/your child (parent/guardian) has any COVID-19 symptoms or has had close contact with an individual infected with COVID-19, you (staff member)/your child (parent/guardian) may need to remain at home depending on specific symptoms, exposure, and whether a confirmatory test will be needed. Discuss this with your child's school nurse.

### **Who will receive my (staff member)/ my child's (parent/guardian) test results?**

In addition to receiving your (staff member)/your child's (parent/guardian) test results, the School District and the IDPH will also receive your (staff member)/your child's (parent/guardian) test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

**To Be Completed by Staff Member or Child's 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:	

**Staff Member/Child/Student Information**

All sections required – please print clearly

Staff Member/Student Print Name:	
Staff Member/Student Date of Birth:	
Staff Member/Student School:	
Staff Member/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 myself (staff member) or on behalf of my child (parent/guardian) named above.

I understand that my (staff member)/ my child's (parent/guardian) test results and other information may be disclosed as permitted by law.

I consent for myself (staff member) or for my child (parent/guardian) to be tested for COVID-19 infection (**select all that apply**):

\_\_\_\_\_ I consent to weekly screening testing using the SHIELD Illinois test. I understand that I (staff member)/my child (parent/guardian) will be tested multiple times through the 2021-2022 school year, and that testing will occur one time per week.

\_\_\_\_\_ I DO NOT consent to weekly testing, but consent ONLY to testing if I (staff member) am/my child (parent/guardian) is involved in an outbreak situation designation using the SHIELD Illinois test.

\_\_\_\_\_ I consent to testing if I (staff member)/my child (parent/guardian) presents to the school nursing office with any COVID-19-like symptoms using the BinaxNOW test.

\_\_\_\_\_ I DO NOT consent to testing if I (staff member)/my child (parent/guardian) presents to the school nursing office with any COVID-19-like symptoms using the BinaxNOW test.

I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person at my (staff member)/my child's (parent/guardian) school in writing that I revoke my consent.

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