

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

The North Boone Community Unit School District #200 prioritizes the health and safety of our students and their families. As such, in addition to steps to screen for the virus and prevent its spread within our schools, we are adding a voluntary Pre-K-12 COVID-19 testing program for students. This program uses Abbott Laboratories BinaxNOW tests provided by the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test on your child, please fill out this form.

What is the test?

If your child is symptomatic or part of a group that is designated for testing, if you consent, your child will receive a free BinaxNOW rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. A school nurse who has been trained to administer this test will collect the specimen and complete the test. Test results will be made available to the parent/guardian who signs this form below. This program is a free option for students and staff and we hope you choose to have the test to keep our schools as healthy & safe as possible. Early identification of staff/students can reduce the risk within the building, your own families, and the other families that attend North Boone School District 200. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

What should I do when I receive my/my child's test results?

Positive Result:

If your child tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. The student will be excluded from school for at least 10 days from the date symptoms first appear and he or she is symptom-free for 24 hours without any fever-reducing medication.

Negative Result:

If your child's test results are negative and he or she is symptomatic your child will need to get a COVID-19 RT-PCR test completed to confirm the rapid test result. This can be done at any of the testing sites (info attached). In a small number of cases, tests sometimes produce incorrect results. For example, showing 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 have COVID-19 RT-PCR testing completed and call your child's doctor and get further guidance.

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Sore throat
- Congestion or runny nose
- Chills, shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken for the safety of students, please understand that neither the test administrator nor the North Boone Community Unit School District #200, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child, as a result of agreeing to the test.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

You will be notified with test results either via cell phone or in-person when you pick up your student.

Parent/Guardian Print Name:			
Parent/Guardian Cell/Mobile #:			
Parent/Guardian Email Address:			
Student's Healthcare Provider:		Phone:	

Child/Student Information

Child/Student Print Name:				
Street Address:		City:		State:
Zip Code:		County:		
School:			Grade Level:	
Date of Birth: <i>(MM/DD/YYYY)</i>			Age:	
Race/Ethnicity:	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown	

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child must self-isolate for 10 days from symptom onset and until they are symptom free for 24 hours without any fever-reducing medication.
- C. I understand the school system is not acting as our medical provider, this testing does not replace treatment by our medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from our medical provider if I have questions or concerns, or if my child's condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- E. **The results of this test will be reported to the Boone County Health Department AND the provider above.**

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and understand that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for the remainder of the school year. I understand that I can choose to revoke this decision by notifying the school.

Signature of Parent/ Guardian:		Date:	
---------------------------------------	--	--------------	--

DECLINATION FOR COVID TESTING

By signing below, I attest that:

- A. I DO NOT authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab.
- B. I acknowledge that if my child becomes ill he or she will need to isolate following IDPH Guidelines.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I decline this testing for COVID-19 for the remainder of the school year. I understand that anytime I can choose to change this decision by notifying the school.

Signature of Parent/ Guardian:		Date:	
---------------------------------------	--	--------------	--