

**RONDOUT SCHOOL DISTRICT 72 CONSENT FOR STUDENTS
VOLUNTARY COVID-19 TESTING
2021-2022 SCHOOL YEAR**

Rondout School District 72, as part of the District's overall COVID-19 mitigation strategies, is offering voluntary COVID-19 testing to all *unvaccinated or vaccinated* students. You are being asked to give permission to add your child to the testing roster. The testing process is described below. You will be asked to confirm participation once the start date has been determined.

SHIELD Illinois Saliva Test

The SHIELD Illinois Saliva Test is a saliva-based PCR test developed by the University of Illinois. The District is partnering with the University to provide the SHIELD Illinois Saliva test on a weekly basis. If you consent, your student will receive a free COVID-19 diagnostic test through SHIELD, which will be conducted through the collection of saliva (spit). Instructions for collection of samples may be accessed will be provided prior to signing for permission for testing.

Results received through the SHIELD testing program will be shared with you and the School District. You will receive access to your student's test results (both positive and negative) via an online platform which we will separately send you information about in future correspondence. If your student tests positive, the District will contact you directly as well. Any individual results, or associated information, retained by appropriate representatives of the District shall be maintained in a confidential manner.

If your student's test results are positive, please contact your student's doctor immediately to review the test results and discuss next steps.

You may not send your student back to school until (1) a note from your student's doctor that indicates your student is no longer positive for the COVID-19 virus, or (2) your student has been out of school for the quarantine period required by the Illinois Department of Public Health (IDPH).

If your child's test results are negative, this means that the COVID-19 virus was not detected in your child's saliva.

The SHIELD test may on rare occasions produce incorrect negative results called "false negatives" in people who have COVID-19. If your student tests negative but has symptoms of COVID-19, or if you have concerns about your student's exposure to COVID-19, you should call your student's doctor.

In addition to you receiving your student's test results, the School District and the IDPH will also receive your child's test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

Student Information:

Student Name: _____ School Attended: _____ Grade: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Home address: _____

Telephone: _____ (home) _____ (cell)

Parent/Guardian email address: _____

By signing below, I acknowledge that I am consenting to my student being added to the roster of students who are eligible to participate in COVID-19 weekly testing through the SHIELD Illinois Saliva Test and to be tested once the program begins.

Parent/Guardian Signature: _____ Date: _____