

## **CONSENT NOTICE FOR COVID-19 TESTING & RELEASE OF RECORDS**

### **What is this Notice?**

Horizon Science Academy Southwest Chicago has partnered with the COVID Lab Express to test School District students, teachers, and staff members for COVID-19 infection. This notice provides information about the program to allow an informed consent for your child to participate in the testing program. By not opting-out of the testing program as described below, consent for your child to be tested for COVID-19 infection is presumed.

**How often will your child be tested?** We are arranging for our Testing Partner to test the students at least 1 (one) times per week.

**What is the test?** Your child will receive a free diagnostic test for the COVID-19 virus conducted by swabbing of the mouth.

**How will I know if my child tests positive?** The School will receive results of your child's test and you will be notified of any positive result. You will not be contacted about negative test results.

### **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. You may not send your child back to school without a note from your child's doctor that indicates your child is no longer positive for the COVID-19 virus.

If your child's test results are negative, this means that the COVID-19 virus was not detected.. 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") will also receive your child's test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.

**Do I need to take any other action?** No other action is required if you consent for your child to be tested for COVID-19 infection pursuant to the above terms. If you do NOT consent for your child

to be tested for COVID-19 infection, complete, sign, and return the OPT-OUT form below.

**OPT-OUT**  
**TO BE COMPLETED BY PARENT/GUARDIAN**

<b><u>Parent/Guardian Information</u></b> 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:	
<b><u>Child/Student Information</u></b> 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 DO NOT consent for my child to be tested for COVID-19 infection.
- I understand that if I opt my child out of testing, I may be required to provide COVID-19 test results from an outside provider if requested by the school.
- I understand that if I am a student age 18 or older, or may otherwise legally consent to my own health care, reference to “my child” refer to me and I may sign this form on my own behalf.

**ONLY ORIGINAL SIGNATURES ACCEPTED – NO COPIES OR SCANS**

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