



## **RICH TOWNSHIP HIGH SCHOOL DISTRICT 227**

20550 South Cicero Avenue  
Matteson, Illinois 60443  
708-679-5800 \* [www.rich227.org](http://www.rich227.org)

### **STUDENT CONSENT FORM** **FOR MEDLAB COVID-19 TESTING & RELEASE OF RECORDS**

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

We are seeking your consent to test your child for COVID-19 infection. Rich Township High School District 227 (“School District”) MedLab Clinical Laboratory (“MedLab”) to test school personnel and students for COVID-19 infection. The COVID-19 test will not be administered unless this form is signed.

Because of the risk of participating in sports, and pursuant to Board Policy 4:180, students must submit to a COVID-19 testing on at least a weekly basis during their athletic season in order to participate in school-sponsored athletics. For all other students, participation in COVID-19 testing is strongly encouraged but not required.

#### **How often will your child be tested?**

Your child will be tested on a schedule determined by the School District. At this time, the School District anticipates that it will conduct testing at least 1 time per week. Additionally, in the event of an outbreak, testing will be conducted as recommended by the Illinois Department of Public Health (the current recommendation for outbreak testing is twice weekly for a period of 28 days).

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

If you consent, your child will receive a free test for COVID-19, conducted by collecting saliva (spit).

#### **How will I know if my child tests positive?**

MedLab will provide all test results to the testing subject and to the School District.

#### **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. If your child’s test results are negative, this means that the COVID-19 virus was not detected in your child’s saliva (spit). 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 and comply with guidance from the Illinois Department of Public Health.

#### **Who will receive my child’s test results?**

Testing results will be available to any employees of the School District with a legitimate educational interest, consistent with the Illinois *School Student Records Act*.

**Dr. Johnnie Thomas**  
Superintendent  
[jthomas@rich227.org](mailto:jthomas@rich227.org)

**Dr. Alicia Evans**  
Assistant Superintendent  
Of Business and  
Operations  
[aevans@rich227.org](mailto:aevans@rich227.org)

**Dr. Stephen Bournés**  
Assistant Superintendent  
Of Educational Services  
[sbournes@rich227.org](mailto:sbournes@rich227.org)

**Dr. Kim Echols**  
Assistant Superintendent  
Of Human Resources  
[kechols@rich227.org](mailto:kechols@rich227.org)

**Mr. Larry Varn**  
Co-Principal  
[lvarn@rich227.org](mailto:lvarn@rich227.org)

**Ms. Janice Wells**  
Interim Co-Principal  
[jwells@rich227.org](mailto:jwells@rich227.org)

Additionally, the School District will share the following information in the manner described below:

- The School District may share the following with the Illinois Department of Public Health and the Cook County Health Department: your student's positive and negative test results, name, date of birth, sex, race, ethnicity, and address. The purpose of this disclosure is to facilitate contact tracing and for reporting purposes.
- The School District may share the following with MedLab: your child's specimens, positive and negative test results, name, date of birth, mailing address, gender, email address, grade, campus attended, and other contact information. The purpose of this disclosure is to facilitate test processing and results, contact tracing, and tracking of test usage.
- The School District may share positive and negative test results and student identifying information with the student and his/her parent/guardian, and as otherwise permitted by law or guidance.

**Dr. Johnnie Thomas**  
Superintendent  
[jthomas@rich227.org](mailto:jthomas@rich227.org)

**Dr. Alicia Evans**  
Assistant Superintendent  
Of Business and  
Operations  
[aevans@rich227.org](mailto:aevans@rich227.org)

By signing below, I agree that:

I consent for my child to be tested for COVID-19 infection using MedLab's COVID-19 test as described in this Consent Form.

I understand that my child's test results and other information may be disclosed as permitted by law, guidance, and as described above.

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**Dr. Stephen Bournés**  
Assistant Superintendent  
Of Educational Services  
[sbournes@rich227.org](mailto:sbournes@rich227.org)

**Dr. Kim Echols**  
Assistant Superintendent  
Of Human Resources  
[kechols@rich227.org](mailto:kechols@rich227.org)

**Mr. Larry Varn**  
Co-Principal  
[lvarn@rich227.org](mailto:lvarn@rich227.org)

**Ms. Janice Wells**  
Interim Co-Principal  
[jwells@rich227.org](mailto:jwells@rich227.org)

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named below. I knowingly and voluntarily assume and accept all risks associated with my child's participation in MedLab's COVID-19 testing. I understand that these risks include potential injury, illness, allergic reaction, and other potential risks of which I may not presently be aware. I also acknowledge that the results of MedLab's COVID-19 test may not be sufficient to detect or rule out the possibility that my child has been exposed to or is infected with COVID-19 and that there is a potential for a false positive or false negative test result. MedLab's COVID-19 tests do not replace treatment by my child's medical provider and I assume complete and full responsibility to take action with regard to my child's test results.
- In consideration of my child's participation in MedLab's COVID-19 testing at no cost, I (Parent/Guardian) on behalf of myself and my student, and my agents, representatives, assigns, heirs, and successors, hereby waive, release, indemnify, hold harmless, and covenant not to sue the School District and its Board of Education, individual Board members, employees, agents, representatives, volunteers, insurers, and assigns, and each and every one of them, from and against any and all claims, suits, liabilities, and causes of action, whether known or unknown, past, present, or future, including but not limited to any and all costs, expenses, attorneys' fees, by reason of injury, illness, allergic reaction, property damage, loss, or death, arising out of, in connection with, or in any manner related to my child's participation in MedLab's COVID-19 testing, including any false test results and any resulting medical advice, course of treatment, or diagnoses or related to the sharing of my student's test results or

identifying information.

- I understand that this consent form will be valid through June 30, 2022, unless I notify the designated contact person from my child’s school in writing that I revoke my consent.
- If I am a student age 18 or older, or may otherwise legally consent to my own health care, references to “my child” or “my student” refer to me and I may sign this form on my own behalf.

**Dr. Johnnie Thomas**  
Superintendent  
[jthomas@rich227.org](mailto:jthomas@rich227.org)

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Parent/Guardian  
(or student if over 18 years old)

\_\_\_\_\_  
Date

**Dr. Alicia Evans**  
Assistant Superintendent  
Of Business and  
Operations  
[aevans@rich227.org](mailto:aevans@rich227.org)

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Student Name

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[sbournes@rich227.org](mailto:sbournes@rich227.org)

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