



RICH TOWNSHIP HIGH SCHOOL DISTRICT 227

20550 South Cicero Avenue
Matteson, Illinois 60443
708.679.5800 • www.rich227.org

Voluntary Covid-19 Testing Consent 2021-2022

What Is the BinaxNow Test?

BinaxNOW is an antigen test that detects the presence of SARS-CoV-2, the virus that causes a COVID-19 infection, in about fifteen minutes. The specimen for the test is collected via a nasal swab. This test is completely voluntary and will not ever be administered unless this form is signed.

When Will Students Be Tested?

Rich Township High School District No. 227 intends to administer the BinaxNOW test to students who present with symptoms of COVID-19 and whose parents/guardians (and the students themselves, if age 18 or older and not under guardianship) have provided consent for testing. ***Please note, self-certification of symptoms is still required. Do not send your student to school if they are exhibiting any symptoms of COVID-19.*** The BinaxNOW test is only intended to be administered to students who begin to exhibit symptoms during the school day. ***Students will be expected to quarantine consistent with the Illinois Department of Public Health's Guidance.***

Who Will See My Student's Test Results?

Testing will be completed and interpreted by a nurse hired by Rich Township High School District No. 227. Testing results will be available to any employees of Rich Township High School District No. 227 with a legitimate educational interest, consistent with the *Illinois School Student Records Act*. Additionally, Rich Township High School District No. 227 will share the following delineated information to the parties described below in the manner described below:

- Rich Township High School District No. 227 will share positive and negative test results, student name, student date of birth, and student address with the Illinois Department of Public Health via electronic transmission of this information using the Red Cap online reporting site. The purpose of this disclosure is to facilitate contact tracing and tracking of test usage.
- Rich Township High School District No. 227 will share positive and negative test results, student name, student date of birth, and student address with the Cook County Health Department via facsimile transmission. The purpose of this disclosure is to facilitate contact tracing and to assist the local health department in monitoring community transmission metrics

All positive and negative test results will also be shared with the student's parent/guardian for the purpose of seeking additional medical treatment.

By signing this Voluntary Testing Consent & Acknowledgement, I (Parent/Guardian and Student), on my own behalf and on behalf of Student, agree to waive, release, indemnify, hold harmless, and covenant not to sue Rich Township High School District No. 227, its Board of Education, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, with respect to any and all claims, charges, and causes of action, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness, death, damage, or loss, arising out of or in connection with Rich Township High School District No. 227's administration of the BinaxNOW test to Student and/or with respect to and related to Rich Township High School District No. 227's sharing of Student's test results.

Completing and signing this form serves as a consent for the test to be performed on the named individual by Rich Township High School District No. 227 and to release the test results, and is also an acknowledgment of the above statements.

CONSENT & ACKNOWLEDGMENT & RELEASE OF LIABILITY

As parent/guardian, I consent to Rich Township High School District No. 227 completing the BinaxNOW test on Student. As Student, I consent to Rich Township High School District No. 227 completing the BinaxNOW test on me. I further authorize Rich Township High School District No. 227 to share the results of the BinaxNOW test with the Cook County Health Department and the Illinois Department of Public Health as described above, and as otherwise required by law or guidance. This consent and authorization is effective upon signature and will be valid through June 30, 2022, unless revoked. This consent can be revoked at any time by providing written notice to Dr. Iyuna Harris at iharris@rich227.org.

Student Name: _____
Please print

Student Signature: _____ Date: _____

Student ID Number: _____

Parent/Guardian Name: _____
Please print

Parent/Guardian Signature: _____ Date: _____