



CONSENT FORM FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this form? This form provides consent to test your child for COVID-19 infection. The O'Fallon CCSD #90 ("School District") has partnered with the University of Illinois ("Testing Partner") and IDPH to test School District students, teachers, and staff members for COVID-19 infection. If you do not consent to your child being tested for COVID-19, your child will not be allowed to participate in the IDPH Test to Stay or shortened quarantine protocols.

How often will your child be tested? Weekly for surveillance and more often for Test to Stay or shortened quarantine protocols. If you withdraw from the onsite testing program, you will not be permitted to sign up again.

What is the test? If you consent, your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva or nasal swab. *If you wish to **only** consent to saliva-based testing (not the BinaxNOW testing), please make note on the signature page.*

How will I know if my child tests positive?

-Go to: [Portal.shieldillinois.com](https://portal.shieldillinois.com)

-Click "Sign up for an account."

-Enter the District 90 agency code: df5brbrj

-Enter the PARENT information, including parent DOB and email to create your parent user account.

-Once your parent account is created, you will add your child(ren) as dependent(s) in the Portal. On this step, SHIELD recommends that you only enter your child's first and last name and your individual CHILD'S District 90 email address*, (which can be found in Skyward and ends with @student.of90.net). That step will attach your child to your parent account because it will match the information in our testing roster.

*SHIELD recommends that parents leave the other fields blank because everything must match exactly and if there is a typo or different character typed, it won't match the roster and you won't be able to view the results.

The School District will also receive results of your child's test and will notify you separately of a positive result. If the result is received after school hours you may also receive notification from our operations partner, MedCall.

What should I do when I receive my child's test results? If your child's test results are positive, please follow IDPH guidelines for isolation immediately so as to not expose others.

If your child's test results are negative, this means that the COVID-19 virus was not detected with that test. Tests can produce "false negatives." 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.

As we have experienced throughout the pandemic, state guidance is revised and updated often. When we receive updates, we will continue to add information to the Parent FAQ document found at www.of90.net.

If you have already returned this form to your school, you do not need to submit it again.

<u>Parent/Guardian Information</u>	
All sections required – please print clearly	
Parent/Guardian Print Name:	
Parent/Guardian Home Address:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	
<u>Child/Student Information</u>	
All sections required – please print clearly	
Student First and Last Name:	<i>Print:</i>
Student Date of Birth:	<i>DOB:</i>
Student School:	
Gender (Circle one):	Male/Female/Other
Ethnicity (Circle one):	Hispanic or Latino Not Hispanic or Latino Prefer not to answer
Race (Circle one):	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Prefer not to Answer

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 consent for my child to be tested for COVID-19 infection.
- I understand that my child may be tested multiple times through the 2021-22 school year.
- I understand that this consent form will be valid through the 2021-22 school year, unless I notify the principal of my child's school in writing that I revoke my consent.
- I understand that if I revoke my consent, I will be unable to enroll again, and my child will not be eligible for the IDPH Test to Stay program or onsite testing.
- I understand that my child's test results and other information may be disclosed as permitted by law.

Signature of Parent/Guardian		Date:
Printed Name of Parent/Guardian		