



Consent for COVID-19 Rapid Testing at School

This consent form is valid for the length of the 2022-2023 school year. A valid consent form **must** be on file for any student to be tested for COVID-19 at school. Tests are administered by the Meridian CUSD Health Services Department staff in cooperation with the Ogle County Health Department.

Circumstances that may prompt your student to be tested at school include, but are not limited to: exhibiting symptoms of COVID-19, being exposed to someone infected with COVID-19, and a student and/or parent requesting a COVID-19 test. Parents will be notified of positive test results via phone call.

Parents/guardians must complete consent forms for students up to age 18. Students who are 18 years or age or older must complete their own consent form. In addition to the required consent form, Pre-K through 5th grade students will not be tested without notification to their parent/guardian via phone call prior to administering the test.

Should you wish to withdraw consent at any time, written notification must be provided to the school. Please complete one form per student.

Student Name (Last, First): _____ **Grade:** _____

Parent/Guardian Name (Last, First): _____

Consent (required)

I consent to COVID-19 antigen testing using the Abbott BinaxNOW™ and/or the iHealth nasal swab. I understand that this test is for use under an Emergency Use Authorization (EUA). I understand that my name, address, phone number, and COVID-19 test results will be confidentially maintained in the Illinois Department of Public Health Communicable Disease Illinois-National Electronic Diseases Surveillance System (I-NEDSS) for use by Public Health Officials. I further understand that the Ogle County Health Department (OCHD) and/or the Illinois Department of Public Health (IDPH) may contact me if I test positive. I understand that the OCHD and/or Meridian CUSD 223 is NOT my primary care provider and that it is my responsibility to follow up with my primary care provider. I understand that Meridian CUSD 223, the OCHD, its Medical Director, or the staff are NOT held liable for any test results.

Parent/Guardian Signature: _____ **Date:** _____