



DISTRICT 233 SHIELD TESTING CONSENT FORM - STUDENT

What is this form?

We are seeking your consent to test your child for COVID-19 infection. Homewood-Flossmoor High School District 233 has partnered with the University of Illinois (“Testing Partner”) to test School District students, teachers, and staff members for COVID-19 infection.

How often will your child be tested?

We are arranging for our Testing Partner to test the students at least once per week, beginning the week of Oct. 25, 2021.

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva.

How will I know if my child tests positive?

You will receive access to your child’s test results via an online platform which we will separately send you information about in future correspondence. District 233 will also receive results of your child’s test and will notify you separately of any positive result.

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. Your child will not be allowed to attend school for the following 10 days. You will receive a phone call from District 233 to discuss your child’s isolation dates and instructions for accessing remote learning. If your child’s test results are negative, this means that the COVID-19 virus was not detected in your child’s saliva. Note: Tests sometimes produce incorrect negative results called “false negatives” in people who have COVID-19. If your child tests negative but has suspected symptoms of COVID-19, or if you have concerns about your child’s exposure to COVID-19, please call your child’s doctor and keep your child home until symptoms have resolved.

Who will receive my child’s test results?

In addition to you receiving your child’s test results, District 233 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.

TO BE COMPLETED BY PARENT/GUARDIAN

Student Name: _____

Student ID: _____ Grade Level: _____

Student Date of Birth: _____

Student Home Address: _____

Ethnicity (Circle): Unknown Hispanic/Latino Not Hispanic/Latino

Race (Circle):

American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Pacific Islander Other Race Unknown White

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Please check below:

I consent to have my student named above to participate in the SHIELD Illinois testing program at Homewood-Flossmoor High School.

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 throughout the 2021-2022 school year, and that testing will occur at least once per week.
- I understand that this consent form will be valid throughout the 2021-2022 school year, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that my child's test results and other information may be disclosed as permitted by law.
- 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.

Signature of Parent/Guardian: _____ Date: _____

For office use only:

Entered in PowerSchool on: _____ By: _____