Collinsville Community Unit School District 10

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Collinsville Community Unit School District 10: Authorization and Consent for COVID-19 Testing

To be completed by parent or legal guardian of student seeking COVID-19 testing at Collinsville Community Unit School District CUSD 10.

Collinsville Community Unit School District 10 ("The District") has been offered an opportunity to participate in rapid testing in the K-12 setting. As the parent/legal guardian of student _____ (student name), I hereby authorize and give my express consent to Collinsville Community Unit School District 10 for my Student to be tested for COVID-19. I understand that a nasal swab will be collected from my child and tested for COVID-19 using the Rapid Point of Care Antigen Testing method.

If your child is tested at school, you will be notified of the results. If your child receives a positive result, you will be contacted immediately to pick up your child from school and will be required to follow the normal process of obtaining documentation to return to school. The potential benefits of testing include rapid confirmation of suspected COVID-19, helping your child's healthcare provider to make a timely informed decision about your child's plan of care, and helping to limit the spread of COVID-19. I understand the potential risks include the possibility of incorrect test results because of related false positives and false negatives. I understand that Collinsville Community Unit School District 10 is not acting as my child's medical provider and that this testing does not replace treatment by my child's medical provider. I assume complete and full responsibility to take appropriate action regarding my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if my child's condition worsens.

Disclosure to Government Authorities: I acknowledge that my child's COVID-19 test results and associated information may be shared with appropriate county, state, or other governmental and regulatory entities as may be permitted by law. I permit Collinsville Community Unit School District 10 to release my child's test results and associated information with the persons or entities required to control, prevent, or mitigate the spread of COVID-19.

Release: To the fullest extent permitted by law, I hereby release, discharge, and hold harmless, the Collinsville Community Unit School District 10, including, without limitation, any of its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my child's COVID-19 diagnostic test or the disclosure of my child's COVID-19 test results.

I understand and acknowledge that the District may be protected from liability by the Public Readiness and Emergency Preparedness Act (42 U.S.C. § 247d et seq.) and/or the Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/1-101, et seq.) for any state or federal claims or lawsuits for injury including, but not limited to, personal injury, death, disease or property losses, damages and/or any other losses, including, but not limited to, claims of negligence related to the District's administration of the Diagnostic Test to my student.

I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 diagnostic test and potential risks and benefits. I have been provided an opportunity to ask questions before proceeding with the COVID-19 Diagnostic Test and I understand that if I do not wish to continue with the collection, testing, or analysis of the COVID-19 Diagnostic Test, I may decline to have my student receive the test. I have read the contents of this form in its entirety and voluntarily provide consent for my student to undergo the Diagnostic Test for COVID-19.

This authorization is valid until revoked in writing by the parent or legal guardian or is no longer necessary under the law. I have the legal authority, based upon my relationship to Student, to consent to this test administration for the Student.

Student's Name: _____

Student's School:_____ Student's Grade in School:_____

Student's Date of Birth (Month, Day, Year): _____

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature: _____

Date: _____

Emergency Contact and relationship to Student _____

Emergency Contact's Phone Number: __ _____

May we leave a message with the emergency contact? **YES / NO**