

OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229
CONSENT NOTICE FOR COVID-19 TESTING & RELEASE OF RECORDS

What is this Notice?

- Oak Lawn Community High School has partnered with the University of Illinois to test students, teachers, and staff members for COVID-19 infection. This notice provides information about the program to allow an informed consent for your child to participate in the testing program. By not opting-out of the testing program as described below, consent for your child to be tested for COVID-19 infection is presumed. Testing is scheduled to begin on Thursday, August 26, 2021.

How often will your child be tested?

- We are arranging for our Testing Partner to test the students at least 1 time per week

What is the test and why is OLCCHS implementing this program?

- Your child will receive a free diagnostic COVID-19 test conducted by collecting saliva (spit).
- Participating in the testing program will help prevent the virus spread in the school setting by identifying and isolating asymptomatic and positive individuals as early as possible.
- The testing program will allow students with symptoms and/or a “close contact” with a positive case to **reduce or eliminate quarantine requirements**, via the IDPH “Test to Stay” protocols.
- THIS IS AN IMPORTANT STRATEGY TO MINIMIZE UNNECESSARY STUDENT ABSENCES.

How will I know if my child tests positive?

- You will receive access to your child’s test results via an online platform.
- We will share information about this platform in a future correspondence.
- OLCCHS will also receive test results and will notify you 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. Typically, infective individuals need to isolate for a 14-day period.
- If your child’s test results are negative, this means that the COVID-19 virus was not detected.
- Tests sometimes produce incorrect negative results called “false negatives” in people who have COVID-19. 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.

Who will receive my child’s test results?

- In addition to you receiving your child’s test results, the OLCCHS 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.

Do I need to take any other action?

- No other action is required if you consent for your child to be tested for COVID-19 infection pursuant to the above terms.
- If you do NOT consent for your child to be tested for COVID-19 infection, complete, sign, and return the OPT-OUT form below no later than Friday, August 20, 2021, to the Superintendent’s Office.

OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229
COVID TESTING OPT-OUT FORM

TO BE COMPLETED BY PARENT/GUARDIAN

<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:	
Best way to contact you:	
<u>Child/Student Information</u>	
All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child/Student Home Address:	

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.
- I DO NOT consent for my child to be tested for COVID-19 infection.
- I understand that by refusing consent, my child (if unvaccinated) will be ineligible to participate in the IDPH “Test to Stay” option to minimize or waive quarantine requirements if symptoms are present and/or if a “close contact” occurs.
- I understand that if I am a student 18 years of age or older (or otherwise has legally authority over my own health care) reference to “my child” refers to me and I may sign this form on my own behalf.

ONLY ORIGINAL SIGNATURES ACCEPTED – NO COPIES OR SCANS

Signature of Parent/Guardian (if child is under age 18):		Date:
Signature of Student (if age 18 or over)		Date: