



SHIELD Consent Form for COVID-19 Testing and Release of Records

What is this form?

We are seeking your consent to test your child for COVID-19 infection. Community Consolidated School District 89 has partnered with the University of Illinois (“Testing Partner”) to test groups of students participating in higher-risk activities and unvaccinated 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 activity.

How often will your child be tested?

We are arranging for our Testing Partner to test the students at least once per week.

What is the test?

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

How will I know if my child tests positive?

Community Consolidated School District 89 will receive results of your child’s test 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. Your doctor and the school’s nurse will coordinate when your student can return to the school building.

If your child’s test results are negative, this means that the COVID-19 virus was not detected in your child’s saliva (spit).

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, CCSD 89 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

Parent/guardian information All sections required – please print clearly	
Parent/guardian name (please print):	
Parent/guardian address:	
Parent/guardian phone:	
Parent/guardian email:	
Best way to contact you:	
Child/student information All sections required – please print clearly	
Student name (please print):	
Student date of birth:	
Student school:	
Student 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 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 2021-22 school year, and that testing will occur at least one time per week.
- I understand that this consent form will be valid through 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 if I revoke my consent or refuse to sign this consent form, my child will not be able to participate in this activity.
- I understand that my child's test results and other information may be disclosed as permitted by law.

Signature of parent / guardian :		Date:
----------------------------------	--	-------