

CONSENT TO OPT-OUT OF TESTING

What is this Notice?

SPEED School District has partnered with the University of Illinois to test SPEED School District students, teachers, and staff members for COVID-19 infection. This notice provides information about the program to allow informed consent for your child to participate in the testing program. By not opting-out of the testing program as described below, consent for testing for COVID-19 infection is presumed.

How often will you be tested?

We are arranging for our Testing Partner to test the at least [1] times per [Week].

What is the test?

You will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit).

How will I know if my test is positive?

You will receive access to your test results via an online platform which we will separately send you information about in future correspondence. [SPEED School District will also receive results of your test and may/will notify you separately of any positive result.]

What should I do when I receive my test results?

If your test results are positive, please contact your doctor immediately to review the test results and discuss the next steps. You may not come back to school without a note from your doctor that indicates you are no longer positive for the COVID-19 virus.

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

Tests sometimes produce incorrect negative results called “false negatives” in people who have COVID-19. If your test is negative but you have symptoms of COVID-19, or if you have concerns about your exposure to COVID-19, you should call your doctor.

Who will receive my test results? In addition to you receiving your test results, SPEED School District and the Illinois Department of Public Health (“IDPH”) will also receive your 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 to be tested for COVID-19 infection pursuant to the above terms. If you do NOT consent to be tested for COVID-19 infection, complete, sign, and return the OPT-OUT form below.

OPT-OUT

TO BE COMPLETED BY PARENT/GUARDIAN

<u>Information</u>	
All sections required – please print clearly	
Print Name:	
Home Address:	
Tel./Mobile #:	
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 person named above.
- I DO NOT consent to be tested for COVID-19 infection.
- I understand that if I revoke my consent, I will be required to follow the (IDPH) guidance for quarantine.
- I understand that if I am aged 18 or older or may otherwise legally consent to my own health care, reference to “self” refer to me and I may sign this form on my own behalf.

ONLY ORIGINAL SIGNATURES ACCEPTED – NO COPIES OR SCANS

Signature:	Print:	Date: