

LABORATORY SCHOOL SHIELD COVID-19 TESTING CONSENT
(INCLUDE THIS IN BODY OF EMAIL)

The Illinois State University Laboratory Schools is providing the opportunity for students to be tested for COVID using SHIELD COVID-19 testing. Weekly testing will be available for those who are not vaccinated, and testing is available for those students who have symptoms at school but are vaccinated.

Please read the below and complete the attached form if you would like your student to participate.

Who will participate in the SHIELD COVID-19 Testing Program?

All students attending Laboratory Schools who have not provided acceptable proof of vaccination, including students who are not eligible for vaccination, are in the SHIELD Testing Pool. If you do not elect to participate in SHIELD Testing at school, you will be required to provide proof of weekly testing from an external provider.

Vaccinated students are not automatically placed in the SHIELD Testing Pool. However, if a vaccinated student experiences COVID-19 symptoms, the student will be required to be picked up from school. A vaccinated student exhibiting COVID-19 like symptoms at school may receive on-site SHIELD testing if the family provides consent using the Opt-In form. Any student demonstrating COVID-19 like symptoms will be required to provide acceptable documentation and testing results to be readmitted to school. The documentation requirements are outlined on the Return to School Exclusion form.

If your child has been vaccinated, how should you provide proof of vaccination?

Acceptable proof of vaccination includes either a copy of the vaccination card or a COVID-19 immunization record provided by a healthcare provider. Parents/families can submit vaccination cards using one of the following methods:

- Laboratory Schools will circulate a survey to all parents/families that will allow parents/families to upload a copy of a vaccination card, COVID-19 immunization record to the system. This method will be behind a log-in / password.
- Parent/Families can bring a copy of the vaccination record to the main office at Metcalf or U-High.
- Parent/Families can bring a copy of the student's physical that lists the COVID-19 vaccination dates listed by the healthcare provider and provide a copy of the materials to the main office at Metcalf or U-High.

The Laboratory Schools will follow the same standards of confidentiality to collect and secure vaccination information as are used to collect and secure other immunization or health status information from students.

How to participate in the SHIELD COVID-19 Testing Program?

We are seeking your consent to test your child for COVID-19 infection. The Laboratory Schools have partnered with the University of Illinois SHIELD Program (“Testing Partner”) to test Laboratory School students for COVID-19 infection. If you do not consent to your child being tested for COVID-19, your child will be subject to specific physical distancing requirement during in-person instruction and will not be able to participate in certain activities such as medium/high-risk extracurricular sports and activities subject to recommended testing requirements.

How often will your child be tested?

Laboratory School students in the SHIELD Testing Pool will typically be tested at least one time per week. Additional testing may be required for students in the SHIELD Testing Pool (unvaccinated students) for participation in extracurricular and sports.

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?

You will receive access to your child’s test results via an online platform which will be sent separately to you. The Laboratory School will also receive results of your child’s test and you will be notified separately of any positive result. All information concerning test results will be made available only to designated Laboratory School administrators, the school nurse, the McLean County Department of Health, and Illinois Department of Public Health. The Laboratory Schools will follow the same standards of confidentiality to collect and secure test result information as are used to collect and secure other immunization or health status information from students.

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. You may not send your child back to school until all return to school requirements are met, including a quarantine period for 10 calendar days and written note from a medical provider. More information on return to school criteria is available here called “Lab School Exclusion Guidance”: [Policies & Procedures | College of Education - Illinois State](#)

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, the Laboratory Schools 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.

LABORATORY SCHOOL CONSENT FORM FOR SHIELD COVID-19 TESTING & RELEASE OF RECORDS
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 child named above.
- I consent for my child to be tested at the Laboratory Schools for COVID-19 infection.
- I understand that my child may be tested multiple times through the 2021-2022 school year, and that testing will occur typically one time per week.
- I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the Building Principal that I revoke my consent.
- I understand that if I revoke my consent or refuse to sign this consent form, my child be subject to specific physical distancing requirement during in-person instruction and would not be able to participate in certain activities such as medium/high-risk extracurricular sports and activities subject to recommended testing requirements.
- I understand that my child’s test results and other information may be disclosed as permitted by law and authorize the results to be released to the Laboratory School’s nurse. I understand that the Laboratory Schools will follow the same standards of confidentiality to collect and secure test result information as are used to collect and secure other immunization or health status information from students.

- 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 (if child is under age 18):		Date:
Signature of Student (if age 18 or over)		Date:

