

What is this Notice?

The River Trails School District (“School District”) has partnered with the University of Illinois (“Testing Partner”) to test unvaccinated School District 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. You must opt out of the testing program if you do not wish for your child to be tested for COVID-19 infection. Otherwise, consent for your child will be presumed. An opt-out form is included below.

How often will your child be tested?

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

What is the test?

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 we will separately send you information about in future correspondence. The school district will also receive results of your child’s test and will notify you separately 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. You may not send your child back to school without a note from your child’s doctor that indicates your child is no longer positive for the COVID-19 virus.

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 School District and the Illinois Department of Public Health (“IDPH”) will 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 to your student’s school office.

OPT-OUT

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 DO NOT consent for my child to be tested for COVID-19 infection.
- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I understand that if I revoke my consent, if having symptoms or exposed to COVID-19, my child may be required to quarantine.

ONLY ORIGINAL SIGNATURES ACCEPTED – NO ELECTRONIC SIGNATURES, COPIES
OR SCANS. SUBMIT TO YOUR CHILD’S SCHOOL

Signature of Parent/Guardian		Date:
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