

Peoria School District No. 150

**Voluntary Testing Consent & Acknowledgment, and Waiver of Liability Form
for
Symptomatic BinaxNOW Testing**

Peoria School District No. 150 (“District”) seeks to maintain a safe environment for employees, students, and their families in light of the COVID-19 outbreak. This consent form provides the District with your permission to perform a COVID-19 screening test, the BinaxNOW, on your child, and to release the results of those tests to the Illinois Department of Public Health and the Peoria County Health Department.

BinaxNOW is an antigen testing that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen (15) minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not be administered absent this form being signed. Any district administered BinaxNOW tests that yield a negative result, MAY need to be confirmed with a follow-up negative PCR test at the discretion of the PCCHD. PCR testing is available through District 150 partners at Reditus Labs, Heartland Clinic and at the Trewyn Wraparound center by appointment.

The District intends to administer BinaxNOW testing in order to prevent the spread of COVID-19 from symptomatic students. All District students currently attending in-person classes, whose parents/guardians have provided consent for testing, will be tested each time the student exhibits any of the COVID-19 like symptoms. **Please note, self-certification of symptoms is still required. Do not send your student to school if they are exhibiting any symptoms of COVID-19. Students will be expected to quarantine consistent with the Illinois Department of Public Health’s Guidance.**

BinaxNOW testing will be completed and interpreted by a nurse employed by the District. Test results will be available to any employees of the District with a legitimate educational interest, consistent with the *Illinois School Student Records Act*. Additionally, the District will share the following delineated information with the parties described below in the manner described below:

- The District will share any positive test results with the Illinois Department of Public Health via electronic transmission of this information using the Red Cap online reporting site, which may also include, but is not limited to, the student’s name, date of birth, and address. The purpose of this disclosure is to facilitate contact tracing.
- The District will share information for positive test results with the Peoria County Health Department via facsimile transmission, which may also include, but is not limited to, the student’s name, date of birth, and address. The purpose of this disclosure is to facilitate contact tracing and to assist the local health department with monitoring community transmission metrics.

All positive and negative test results will also be shared with the student’s parent/guardian for the purpose of seeking additional medical treatment.

By signing below, I consent to the District administering the BinaxNOW testing, as more fully described above, on my student, _____. I further consent to allow the District to share the results of the BinaxNOW test with the Illinois Department of Public Health and the Peoria County Health Department as described above, and as otherwise required by law or guidance.

I, on my own behalf and on behalf of my student, _____, agree to waive, release, indemnify, hold harmless, and covenant not to sue Peoria School District No. 150, its Board of Education and its



members, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, with respect to any and all claims, charges, and causes of action, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness, death, damage, or loss, arising out of or in connection with District's administration of the BinaxNOW test to my student and/or with respect to, and related to, the District's sharing of my student's test results.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____