

FREE AT-SCHOOL COVID-19 RAPID POINT-OF-CARE ANTIGEN TESTING

Centralia High School has been given an opportunity to provide free COVID-19 Rapid Point-Of-Care Antigen Testing to students and staff in our district. Beginning February 1, 2021, the tests will be available to symptomatic individuals at school.

BiNaxNow is approved by the Federal Drug Administration (FDA) as a quick nasal swab test designed to give our trained health staff results within fifteen (15) minutes. Our tests will be administered by school nurses and athletic training staff who have been specially trained.

Additional information can be found on the [Illinois Department of Public Health website](#).

This free COVID-19 testing option would only be used when a student is symptomatic at school or has symptoms when completing the self-certification health check.

THE POTENTIAL BENEFITS OF THE POC ANTIGEN TEST IN SCHOOLS INCLUDE:

- Rapid confirmation of suspected COVID-19
- Helping your child's healthcare provider make a timely informed decision about your child's plan of care
- Assisting for an expedited and safe return to the classroom for students
- Help mitigate the spread of COVID-19 in school and community

If you have any questions or need any assistance completing the Parent/Guardian Authorization and Consent for COVID-19 Testing parent/guardian permission form, please contact Centralia High School at (618) 532-7391.

COVID-19 Screening Informed Consent and Waiver

This consent provides Centralia High School your permission to perform a COVID-19 screening procedure based on Centralia High School's need to maintain a safe environment for students, employees, contractors, vendors, and other essential persons, including visitors and guest, with whom you may come into contact. By signing below, you are indicating that you voluntarily consent to this procedure for the detection of COVID-19 for yourself or for the minor listed for which you have legal guardianship.

The test used by Centralia High School has been allowed for use by the Food and Drug Administration ("FDA") but has not been approved by the FDA. A rapid test alone may not be sufficient to detect or rule out the possibility that you have been exposed to or are infected with COVID-19. You should carefully monitor your own symptoms and notwithstanding the results of any testing, you must stay home and should consult with your physician if you experience symptoms of COVID-19.

Because of the ongoing public-health crisis, Centralia High School is required to share the results of your test with public health authorities. By signing below, you consent to the disclosure of such information as requested, recommended or required by federal, state, and local public health authorities.

Privacy Notice

We are collecting your test sample and other information to determine the presence of the COVID-19 virus. You are not legally required to provide this data, but if you do not provide this information, we cannot test you. Access to your private information, such as your name and medical information, will be limited to the District medical staff conducting the test, District administrative staff, local and state public health staff, or their contractors to conduct disease investigations or other public health activities, or other persons or entities authorized by law.

You also understand that **your records** are protected under state and federal privacy laws and cannot be disclosed without your written consent, unless otherwise provided by law. By providing your consent to be tested, you authorize your information and test results to be shared as described in the above Privacy Notice.

Disclosure to Government Authorities: I acknowledge and agree that Centralia High School may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.

Authorization and Consent for COVID-19 testing:

I voluntarily consent and authorize Centralia High School to conduct collection, testing, and analysis for the purposes of a COVID-19 screening test. I acknowledge and understand that my COVID-19 test will require the collection of an appropriate sample by a district nurse or trained member of the staff through a nasopharyngeal swab, oral swab, or other recommended collection procedures (rapid antigen test). I understand that there are risks and benefits associated with

undergoing a test for COVID-19 including the possibility of slight discomfort and/or an incorrect result (false positive or false negative test results). I understand that I have the right to discuss the proposed testing with my physician, to learn about the purpose, potential risks and benefits of any testing. I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have questions or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider.

Release:

As consideration for the testing, and to the fullest extent permitted by law, I hereby, for myself, and for my heirs, executors, administrators and assigns, waive, release, and forever discharge the District, its Board members individually, administrators, officers, employees, volunteers, COVID-19 testing partners, and agents from any and all manner of action and actions, cause and causes of action, suits, debts, accounts, damages, claims and demands whatsoever in law, or in equity, which I may now have or may acquire, by reason of personal injury or death or loss of or damage to personal property or any other reasons, which may be related in any way to the COVID-19 testing provided by the District or in connection with any act or omission relating to my COVID-19 test or the disclosure of my COVID-19 test results.

Indemnification:

I hereby agree to indemnify, defend, and hold harmless the District, its Board members individually, administrators, officers, employees, volunteers, COVID-19 testing partners, and agents from any and all claims of responsibility or liability for personal injury, property damage, or loss which may arise from or is in any way connected with the COVID-19 testing provided by the District.

Acknowledgement:

I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 test being used, procedures to be performed, potential risks and benefits, and any associated costs. I have been provided an opportunity to ask questions before proceeding with a COVID-19 test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 test, I may decline to receive continued services. I have read the contents of this form in its entirety and voluntarily consent to undergo testing for COVID-19.

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____