



COVID-19 Screening Informed Consent and Waiver

This consent provides Gower School District your permission to perform a COVID-19 screening procedure based on Gower School District’s need to maintain a safe environment. Our testing program is aligned to CDC guidelines and offered at no cost to our families. Please contact the school or district office with any questions you may have.

The tests used by Gower School District 62 have been allowed for use by the Food and Drug Administration (“FDA”). A test alone may not be sufficient to detect or rule out the possibility that you are infected with COVID-19. You should carefully monitor 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.

Privacy Notice: 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. Your records are protected under state and federal privacy laws. By providing your consent to be tested, you authorize your information and test results to be shared as described, acknowledge and agree that Gower may disclose test results and 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 Gower School District 62 (“Gower”) to conduct collection, testing, and analysis for the purpose of COVID-19 screening tests for the 2021-22 school year. I acknowledge and understand that the screening COVID-19 test will require the collection of an appropriate sample by a district nurse or trained member of the staff through a nasal swab (rapid antigen), or a saliva sample (SHIELD PCR test). I understand that there are risks and benefits associated with undergoing a test for COVID-19 including an incorrect result (false positive or false negative test results). I assume complete and full responsibility to take appropriate action with regards to 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 a medical provider.

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, understood, 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 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.

Consent completed for: STUDENT NAME: _____ GRADE LEVEL: _____

Consent completed by: PRINTED NAME: _____

RELATIONSHIP TO STUDENT: _____ CONTACT PHONE NUMBER: _____

SIGNATURE: _____ DATE (mm/dd/yyyy): _____

Has your child received the COVID-19 vaccine? Yes; Date(s): _____ No Prefer not to answer

Has your child previously had a COVID-19 infection? Yes; Date: _____ No Prefer not to answer

Additional Notes/Requests: _____



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Who should participate in our Weekly Screening Program?

All unvaccinated persons who have not received a positive COVID-19 infection diagnosis in the last 90 days should participate in our Weekly Screening Program. There are certain conditions in which vaccinated persons and those previously infected with COVID-19 should be tested, but the screening program is primarily designed as a prevention/mitigation strategy for unvaccinated individuals.

What tests are used for Weekly Screening?

Gower School District will use a rapid antigen test (Abbott BinaxNow nasal swab) and/or a saliva-based PCR test (SHIELD) for weekly screening. A rapid antibody test is also available and can be administered upon request. By giving your consent to our Weekly Screening Program, your child will receive a free diagnostic test for the COVID-19 virus conducted by collecting saliva (*spit into a tube*) and/or by collecting a nasal swab (*5 second nostril swab*). Our School Nurses will use their discretion to carry out the appropriate test(s) given the level of community spread, potential exposure to a confirmed case, or the presentation of symptoms. Parents are encouraged to use the 'notes/requests' line next to their signature on the other side of the page to indicate a preference for any particular test (e.g. saliva test only or nasal swab only).

How often will your child be tested?

Your child may be tested weekly. A simple schedule will be utilized to conduct tests by classroom/grade level throughout the week. The goal is to remain above 10% participation for each of our grade levels as long as local conditions (community spread) call for ongoing screening as a prevention/mitigation strategy. Schedules will be designed to minimize disruption to student learning.

How will I know if my child tests positive?

For the SHIELD Test, analysis is completed at an off-site lab with results expected in ~24 hrs. We expect that you will receive access to your child's test results via an online platform and will provide additional information accordingly. The School District will also receive results of your child's test and may/will notify you separately of any positive result. For the BinaxNow Test (rapid antigen), results are known within 15 minutes and the School Nurse will contact you directly.

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 sample collected. 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 also receive your child's test results, consistent with IDPH guidance and the Illinois Control of Communicable Disease Code.