



Dakota Community Unit School District 201  
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## Consent Form Voluntary COVID-19 Testing SY 2022

In an effort to ensure the health and safety for all students throughout the school year, Dakota School District #201 is providing a voluntary COVID-19 testing program in your child's school during the 2021-2022 school year. The testing program will use the BinaxNOW rapid antigen test by Abbott Laboratories, provided by the Stephenson County Health Department (SCHD) and administered by the School Nurse; or the SHIELD Illinois saliva test created and administered by the University of Illinois. The programs are **entirely optional** and testing will only take place with your consent. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

### **Who may be tested?**

Tests will be administered with a parent/guardian consent for the following:

- Students/staff who show COVID-19 like symptoms during school hours, regardless of vaccination status.
- Unvaccinated students/staff who are identified as having had close contact at school or at a school sponsored activity with a person who tested positive for COVID-19.
- In the event of a significant rise in COVID-19 cases in our community, Dakota School District #201 will follow the screening recommendations of the Stephenson County Health Department.

### **Why test?**

Students/staff that have symptoms or are identified as a close contact to a positive COVID-19 case may choose to test to eliminate quarantine time and remain attending in-person classes with a negative test result on days 1, 3, 5, and 7 and remain symptom free.

### **What is the BinaxNOW test?**

Collecting a specimen for testing involves the School Nurse using a swab, similar to a Q-tip, placed inside the tip of the nose. Results are read by the School Nurse within 15 minutes after being swabbed.

### **What is the SHIELD Illinois test?**

SHIELD Illinois is a saliva test completed by medical professionals with the University of Illinois. Collecting a specimen includes drooling into a test tube. The specimen will be sent to a lab for testing. A parent/guardian will receive the test results within 24 hours.

### **What should I do when I receive my child's test results?**

If your child or you (if a student age 18 or older) tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. We ask that you keep your child home until the infection period has ended and release to return to school by the SCHD. If your child's test results are negative, the COVID-19 virus was not found in the specimen tested. However, if your child continues to have symptoms, they must remain home until 24-hour symptom free **and** submit to the School Nurse a negative PCR test. In a small number of cases, tests produce incorrect results - showing negative results (called "false negatives") in people who have COVID -19 or showing positive results (called "false positives") in people who don't have COVID -19. If you have concerns about your child's exposure to COVID -19, you should call your child's doctor, a licensed medical authority, or your local health department. The Stephenson County Health Department will make the final decision in false positive or negative circumstances.

*While we realize precautions will be taken for the safety of students and staff, please understand that neither the test administrator nor DSD #201, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself (if student age 18 or older), as a result of agreeing to the test.*

**TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT**

**Parent/Guardian Information**

*You will be notified with test results either via cell phone or email, or both.*

**Parent/Guardian Print Name:**

**Parent/Guardian Cell/Mobile #:**

*Note: results will be texted to this cell #*

**Parent/Guardian Email Address:**

**Child/Student Information**

**Child/Student Print Name:**

**Street Address:**

**State:**

**Zip Code:**

**City:**

**County:**

**School:**

**Grade Level:**

**Date of Birth:**  
*(MM/DD/YYYY)*

**Age:**

**Race/Ethnicity:**

**Gender:**

**CONSENT**

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab or saliva.
- B. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree to seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19. This consent is valid for the entire school year. August 2021-May 2022.

**Signature of Parent/ Guardian:**

**Date:**

**Signature of Student:**

*(if age 18 or over or otherwise authorized to consent)*

**Date:**