

Parent/Guardian,

I authorize Brimfield Community Unit District #309 to conduct the collection and testing for COVID-19 on my student through a nasal swab. The BinaxNOW test is a fast acting antigen test where results are available within 15 minutes. The school nurse will communicate the test results once they are available.

If you consent to voluntary COVID-19 rapid testing, you authorize and acknowledge the following:

- I authorize my student's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- I acknowledge that a positive test result is an indication that my student must self-isolate for at least 10 days according to the requirements outlined in the quarantine protocols document posted on the school website.
- I acknowledge that if my student's test results come back positive, siblings and/or family members that attend Brimfield will also be asked to quarantine at the same time (if unvaccinated). The school nurse will be in communication about a return date for these individuals.
- I understand that if my student receives a positive rapid test, the positive result will be considered a "positive" and my student is recommended to follow up with their health care provider.
- I acknowledge that my student may be asked to go home if they are symptomatic, but their COVID-19 test results are negative. Students are expected to stay home when they are ill.
- I understand that the school nurse and testing does not replace treatment by my student's health provider, and I assume complete and full responsibility to take appropriate action with regard to my student's test results.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- By signing this Rapid Testing Consent & Acknowledgement, I (Parent/Guardian and Student), on my own behalf and on behalf of Student, agree to waive, release, indemnify, hold harmless, and covenant not take legal action against Brimfield CUSD #309, its Board of Education, 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 Brimfield CUSD #309 administration of the BinaxNOW test to Student and/or with respect to and related to Brimfield CUSD #309 sharing of Student's test results.

This consent and authorization is effective upon signature and will be valid through June 30, 2022, unless revoked in writing. Any revocation notice must be sent to Superintendent Tony Shinall at tony.shinall@brimfield309.com or be delivered to the District office.

I have been informed about the test purpose, procedures, and possible benefits and risks. I have been given the opportunity to ask questions, and I understand that I can ask additional questions at any time.

Completing this form indicates consent.

Parent Name: _____

Student Name: _____

Parent Email: _____

Parent Phone: _____

Date: _____