



# WOODLAWN UNIT SCHOOL DISTRICT #209

300 NORTH CENTRAL LANE  
WOODLAWN, ILLINOIS 62898  
PH: 618.735.2631 FAX: 618.735.2032  
WWW.WOODLAWNSCHOOLS.ORG

*Eric Helbig*, Superintendent

## STUDENT-INFORMED CONSENT Binax NOW COVID-19 TESTING PROGRAM

Woodlawn USD #209 ("District") seeks to maintain a safe environment for employees, students, and their family in light of COVID-19. This Informed Consent form provides authorization for the district to perform a BinaxNOW<sup>®</sup> test ("BinaxNOW Test"), on your student, and to release the results of those tests to the Illinois Department of Public Health and the Jefferson County Health Department.

The BinaxNOW Test is an antigen test that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about 15 minutes. The specimen for the test is collected via a nasal swab. This test is completely voluntary and will not be administered absent parent/guardian consent as memorialized on this form being signed.

The district seeks to administer the BinaxNOW test to students who present during the school day with symptoms of COVID-19 and for students who while at school have come in close contact with another student or staff member who has tested positive and desires to participate in the IDPH Test-To-Stay program. If your student desires to participate in the Test-To-Stay program they will be tested on a schedule. Do not send your student to school if he/she is exhibiting any symptoms of COVID-19. You have the right to discuss the proposed BinaxNOW Test with your student's physician, to learn about the purpose, potential risks and benefits of the BinaxNOW Test.

In the event that your student's BinaxNOW Test results are positive for COVID-19, you will be notified and encouraged to contact your student's doctor. A BinaxNOW Test alone may not be sufficient to detect or rule out the possibility that your student has been exposed to or is infected with COVID-19. You should carefully monitor your student's symptoms and, notwithstanding the results of any BinaxNOW Test, your student may be required to quarantine consistent with the Illinois Department of Public Health and the Jefferson County Health Department's guidance.

A BinaxNOW Test will be completed and interpreted by district employees. All positive and negative test results will be shared with the student's parent/guardian for the purpose of seeking additional medical treatment. Test results will be available to any employees of the district with a legitimate educational interest, consistent with the Illinois School Student Record Act. Additionally, the district will use and share the following information in the manner described below.

1. The district will share positive and negative test results, student name, student date of birth, sex, race, ethnicity, and student address with the Illinois Department of Public Health via the Point of Care Testing Reporting Portal using the Red Cap online reporting site. The purpose of this disclosure is to facilitate contact tracing and tracking of test usage.
2. The district will share positive and negative test results, student name, student date of birth, sex, race, ethnicity, and student address with the Jefferson County Public Health Department via Point of Care Testing Reporting Portal using the Red Cap online reporting site. The purpose of this disclosure is to facilitate contact tracing and to assist the local health department in monitoring community transmission metrics.
3. The district will share positive and negative test results and student identifying information as otherwise permitted by law or guidance.



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**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

By signing below, I knowingly and voluntarily assume and accept all risks associated with my student's participation in the BinaxNOW Testing program. I also acknowledge that the result of a BinaxNOW test may not be sufficient to detect or rule out the possibility that my student has been exposed to or is infected with COVID-19 and that there is a potential for a false positive or false negative COVID-19 test result. The BinaxNOW test does not replace treatment by my student's medical provider and I assume complete and full responsibility to take appropriate action with regard to my test results. In consideration of my student's participation in the BinaxNOW testing program at no cost, I (parent/guardian) on behalf of myself and my student, and my agents, representatives, assigns, heirs, successors, hereby waive, release, indemnify, hold harmless and covenant not to sue the district, and it's Board of Education, individual Board members, employees, agents, representatives, volunteers, insurers, and assigns, and each and every one of them, from and against any and all claims, suits, liabilities, and causes of action, whether known or unknown, past, present, or future, including but not limited to any and all costs, expenses, attorney's fees, by reason by injury, illness, allergic reaction, property damage, loss or death, arising out of, in connection with or in any manner related to my student's participation in the BinaxNOW testing program, including any false test results and any resulting medical advice, course of treatment, or diagnoses, or related to the sharing of my student's test results or identifying information.

As parent/guardian of the student named above, I consent to allow the district to complete the Binax NOW test on my student. I further authorize the district to share my student's identifying information and the results of the BinaxNOW test in the manner described above. I have read, understand, and agree to the terms herein, including the Acknowledgement of Risk and Waiver of Liability. This Informed Consent is effective upon signature and will be valid through May 19, 2022, unless revoked in writing.

Student Name: \_\_\_\_\_ Student School: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_