

## **COVID-19 TESTING OPT-OUT FORM**

The Bethalto Community Unit School District #8 (the “District”) has partnered with the University of Illinois to conduct COVID-19 screening testing on District students, teachers, and staff members. This program is voluntary; however, all students will be automatically enrolled in the testing program unless a parent/guardian elects to fill out and return the attached “opt-out” form. As such, only those students whose parents/guardian did not opt out of the testing program will be tested for COVID-19 as part of this program.

The CDC recommends the use of screening testing in schools to help identify sick individuals, including asymptomatic individuals, as early as possible. By diagnosing infected people early, necessary measures for controlling the spread of the virus can be implemented more quickly. These measures include quarantining positive cases, isolating close contacts, and limiting the exposure of others to the virus. Additionally, by utilizing a screening testing program, the District may be able to adjust other prevention strategies, such as mask-wearing mandates and physical distancing requirements, to better meet the needs of our school populations and local COVID conditions.

To help explain the program that will be in place, the District is providing the following FAQ. This FAQ may be revised and updated over time as new information and guidance is issued and as the testing practice within the District develops.

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### ***Frequently Asked Questions:***

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#### **1. How often will your child be tested?**

Students will be tested weekly.

#### **2. What is the test?**

The SHIELD test is a free diagnostic test for the COVID-19 virus conducted by collecting saliva (spit). It is non-invasive and does not require a trained medical person to administer it.

#### **3. How will I know if my child tests positive?**

You will receive access to your child’s test results via an online platform. You will receive additional information specific to this platform in a future correspondence. In addition to posting the test results on the online platform, the District will contact you if your child tests positive.

#### **4. 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.

If your child’s test results are negative, this means that the COVID-19 virus was not detected in your child’s saliva (spit).

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.

**5. 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.

**6. What happens if I opt-out my child from participation in the SHIELD testing program?**

If you opt not to permit your child to participate in the SHIELD testing program, your child will not be subjected to any discipline.

The goal of the testing program is to reduce the number of students and staff who may come into close contact with COVID-19 positive individuals. Additionally, the program will help identify those individuals who are showing COVID-19 symptoms due to an alternative medical issue or diagnosis. Ultimately, this should result in fewer exclusions and shorter quarantine times.

**7. Can I change my mind later if I decide I do / do not want my child receiving the test at school?**

Yes.

To re-enroll into the testing program after initially opting not to participate, a parent/guardian must submit a signed and dated written correspondence to the building principal requesting to enroll their child into the testing program.

**Opt-Out of Student's Participation in the District's COVID Screening Testing Program:**

**Please only complete the form below if you DO NOT WANT your child to participate in SHIELD testing.**

| <b>Parent/Guardian Information</b>           |  |
|--|--|
| All sections required – please print clearly |  |
| Parent/Guardian Print Name:                  |  |
| Parent/Guardian Home Address:                |  |
| Parent/Guardian Tel./Mobile #:               |  |
| Parent/Guardian Email Address:               |  |
| Best way to contact you:                     |  |
| <b>Child/Student Information</b>             |  |
| All sections required – please print clearly |  |
| Child/Student Print Name:                    |  |
| Child/Student Date of Birth:                 |  |
| Child/Student School:                        |  |
| Child/Student Grade:                         |  |
| Child/Student Home Address:                  |  |

**By signing below, I attest that:**

- I have read this document in its entirety and fully understand its contents. I further certify and represent that I have the legal authority to sign on behalf of the above named child
- I **DO NOT CONSENT** for my child to be tested for the COVID-19 infection.
- I understand that this form will be valid through the 2021-2022 school year unless I notify the designated contact person at my child's school in writing that I wish to re-enroll my child into the testing program.

- I understand that if I am a student age 18 or older, or may otherwise legally consent to my own health care, reference to “my child” refer to me and I may sign this form on my own behalf.

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| <i>Signature of Parent/Guardian (if child is under age 18):</i> | Date: |
| <i>Signature of Student (if age 18 or over):</i>                | Date: |