

RIVERSIDE PUBLIC SCHOOL DISTRICT 96

3340 S. Harlem Ave. Riverside, IL 60546
708-447-5007
708-447-3252 fax
www.district96.org



COVID-19 Student / Staff Consent and Waiver

Riverside School District 96 has implemented a program to perform a non-diagnostic COVID-19 “RT-LAMP” assay test (“Test”) as part of our efforts to maintain a safe environment for our school community. This Test is being used as one part of the District’s overall safety protocols that include masks, social distancing, cleaning, and other mitigation strategies. The Test is screening for “findings of potential clinical significance” of COVID-19. A negative Test does not mean that the individual tested does not have COVID-19.

In order to perform this non-invasive Test, the individual being tested will deposit a small amount of saliva in a sterile container. The saliva will then be tested for the presence of COVID-19. Saliva samples will be used solely for the purpose of performing the Test and then destroyed following testing in a manner appropriate for biological specimens. Individual results of these tests will not be published under any circumstances.

The District anticipates the ability to run samples the same day as the collection to provide results to participants within 12-18 hours of collection.

In the event the Test indicates a potential presence of COVID-19, the individual will be notified of “findings of potential clinical significance” and directed to contact their doctor for diagnostic testing.

Because of the ongoing public health crisis, the District will treat findings of potential clinical significance using this screening tool the same way that we will treat the outcomes of other screening measures we are using, such as symptom screening, temperature measurements, and observable COVID-19 like symptoms. Individuals receiving notification of findings of potential clinical significance will be required to stay home and self-isolate, until cleared through an FDA, approved diagnostic test. If the individual is also experiencing symptoms or has come in close contact with a confirmed or probable case of COVID-19, then that individual should follow District and IDPH guidance on the required quarantine and return to school/work protocols.

If you have questions about the test, please refer to our website or contact Martha Ryan-Toye @ ryan-toyem@district96.org or feel free to discuss the proposed testing with your physician, to learn about the purpose, potential risks, and benefits of any testing.

By signing below, you

- 1) voluntarily consent for you or your child to participate in the non-diagnostic detection of a clinically significant finding that could indicate the presence of COVID-19; and
- 2) voluntarily consent for you or your child to participate in the weekly collection of saliva for the sole purpose of running this Test from the week of November 16, 2020 to June 10, 2021; and

- 3) voluntarily acknowledge that if you or your child reports to the office with COVID-19 symptoms during the school day, we will contact you for additional voluntary consent to test outside of the normal weekly testing schedule and you or your child will be sent home from school; and
- 4) voluntarily consent to the disclosure of findings of clinical significance to the District Nurse's office which will be maintained as a student or medical record in the same manner that the District currently maintains other student or medical records such as immunizations and physicals; and
- 5) affirm that you as a District staff member or your child (for parents/guardians signing this form) has not had a positive PCR test in the three month period preceding participation in the program; and
- 6) affirm that you as a District staff member or your child (for parents/guardians signing this form) will withdraw from the program for a three month period from the date of a positive PCR test; and
- 7) acknowledge that no testing is 100% accurate and that you release, hold harmless, and indemnify the District from any claims arising out of the participation in the Test, including but not limited to any inaccurate testing results.

If at any time, you choose to revoke consent as provided here, the revocation must be received by the District in writing indicating your desire to revoke your consent for you or your child to participate in the weekly administration of the Test as detailed herein.

Student or Staff Name: _____

(if student under 18) Parent Name: _____

Home School: _____

Parent/Eligible Student/Staff Signature: _____

Date: _____