

STUDENT CONSENT FOR COVID-19 TESTING

STUDENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: M/F/Other

ETHNICITY:  Hispanic  Non-Hispanic  Islander  Other/Unknown

RACE:  Asian/Pacific  Native American/Indigenous  White  African American/Black

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

It is the top priority of Wilco Area Career Center (“Wilco”) to uphold the health and safety of its school community. As such, to provide students with their clinical experience while proactively preventing the spread of Coronavirus (COVID-19), Wilco is offering on-site COVID-19 testing (Testing) for its students and employees. Some of our clinical sites have also offered to test students before they enter the facility. By signing this form, you are giving your permission for your child to participate in the testing process either at Wilco or at the clinical site. Please remember that clinical participation is required for state licensure.

Currently, Wilco is utilizing BinaxNOW, an antigen test that detects the presence of SARS-CoV-2, the virus that causes the COVID-19 infection. I understand and acknowledge that BinaxNOW was approved by the Food and Drug Administration (FDA) through Emergency Use Authorization (EUA) and therefore, may not have gone through the rigor of the full FDA approval process. While BinaxNOW is the current Testing source Wilco is utilizing, this on-site Testing may expand, and other Testing options may become available to Wilco. My signature below provides consent to Wilco to utilize BinaxNOW Testing, or any other Testing available to Wilco to detect whether the Student may be positive for COVID-19.

I understand that, as with any medical test, there is a potential for false positive or false negative results. I acknowledge that Testing may be administered in a manner that may produce inaccurate results and agree to seek additional medical attention as may be necessary to address the Student’s health concerns. I acknowledge that negative test results may indicate that the demonstrated symptoms are not related to COVID-19. However, I also understand that if symptoms present or persist after the receipt of negative Testing results, it is best to reach out to a health care provider to determine the best course of action for the Student’s care. In the case of positive results, Wilco will notify the Parent/Guardian, as well as the local health department as part of Wilco’s obligation to participate in contact tracing. I acknowledge that despite its administration of the Testing, Wilco is not acting as the Student’s medical provider. I acknowledge that this Testing does not replace the care of a medical provider. As the Parent/Guardian of the Student, I assume complete and full responsibility to take appropriate action with regards to the Testing results, including seeking medical advice, treatment and care. Furthermore, in response to the Testing results and the Student’s current symptoms, I agree to keep the Student home from school as outlined in Wilco’s mandatory Isolation/Quarantine Protocols.

As referenced above, I understand that as part of the Testing, Wilco is required to participate in contact tracing. I acknowledge that Testing may require Wilco to release information that may be protected under Health Insurance Portability Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), Illinois School Student Records Act (ISSRA) and/or other state, federal and local regulations pertaining to personal information. Such information may include but may not be limited to name, address, phone number, class schedules, bus routes, Testing results, etc. I hereby provide my consent to the

STUDENT CONSENT FOR COVID-19 TESTING

exchanging of this information as deemed necessary for the implementation and furtherance of the Testing, as well as contact tracing. I understand that protected health information will not be reused or disclosed by Wilco to any person or entity beyond what is outlined herein.

In consideration of being afforded the opportunity for the Student to participate in on-site testing at no cost, I individually and on behalf of Student release, waive, discharge, covenant not to sue and agree to hold harmless for any and all purposes Wilco, its board members, its agents, administrators, healthcare providers, volunteers, servants, and employees in their individual and official capacities from any and all liabilities, claims, demands, injuries or illnesses (including death), damages, legal costs including but not limited to court costs and attorney's fees and expenses that maybe sustained by myself or the Student while participating in the Testing, while traveling to and from the Testing, or while on Wilco property for the purpose of Testing.

By signing below, I attest that I have read, reviewed and understand the content of this document. I agree that I sign this document freely and voluntarily and am legally authorized to make decisions on behalf of the Student. I understand and agree that by signing this consent, I am authorizing Wilco or its clinical site to conduct Testing on the Student as deemed appropriate by relevant staff. I understand that I can revoke such consent at any time. Such revocation must be put in writing and directed to Elizabeth Kaufman, Wilco Director. I understand that my revocation of this authorization will not be effective for actions taken by Wilco in reliance upon my authorization below and prior to notice of my revocation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if over 18)

\_\_\_\_\_  
Date