

# O'HARE CLINICAL LABS

## COVID-19 Testing: Informed Consent

### Consent and Administration Record – COVID-19 SCHOOL-BASED TESTING CONSENT

Your school/district is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

**What is the test?**

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into the nose or mouth.

**How will I find out about the results of the test?**

If your child has a specimen collected for testing at school, you will be notified of the test result via email or phone call.

**What should I do when I receive my child's test results?**

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and/or when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. You will be asked to follow the instructions provided by your child's school following this test result.

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print				
Student Last Name:		Student First Name:		MI:
Street Address:		City:	State: IL	Zip:
Date of Birth (MM/DD/YYYY):		Age:	Student ID Number:	
Parent / Legal Guardian Last Name:		Parent / Legal Guardian First Name:		Phone Number:

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school.
- I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.
- I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasopharyngeal swab or oral swab, as ordered by an authorized medical provider or public health official.
- I authorize my test results to be disclosed to the school and any other governmental entity as may be required by law.
- I acknowledge that a positive test result is an indication that the child must isolate at home and/or wear a mask or face covering as directed in an effort to avoid infecting others.
- I understand the testing unit is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

- Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe:  
[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)
- Parents, guardians, or eligible student (over 18 years old) have the right to revoke this consent and authorization at any time.

I, the undersigned, have read the above and consent to have my student tested for COVID 19 and have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

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**Parent/Guardian Name (print)**

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**Parent/Guardian Signature Date**

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**Phone Number (must provide)**

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**Email Address (must provide)**

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