

## **Bloomington Public School District No. 87: Consent for COVID-19 Testing of Minor**

***To be completed by a parent or legal guardian of a student less than 18 years of age seeking COVID-19 testing at Bloomington Public School District No. 87.***

The Illinois State Board of Education in partnership with the Illinois Department of Public Health has offered Bloomington Public School District No. 87 (“the District”) an opportunity to participate in rapid testing in the K-12 setting. If your child exhibits COVID-19 symptoms at school, then a CLIA-licensed school employee may administer a rapid antigen test to your child. The school nurse will contact you regarding your child’s results.

If your child receives a positive result, you will be contacted immediately to pick up your child from school. The District strongly recommends that you seek medical advice, care, and treatment from your child’s medical provider if you have questions or concerns, or if your child’s condition worsens. Your child may return to school when you follow the steps outlined in the current public health guidance. [Click here](#) to access the guidance.

If you provide consent for the District to test your child, the consent is valid unless or until you revoke consent in writing.

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As the parent/legal guardian of a minor student (“Student”), I hereby give my express consent to Bloomington Public School District No. 87 for Student to be tested for COVID-19 in connection with the Illinois Department of Public Health and under the authorization of a supervising physician. I understand that a sample will be collected from students and tested for COVID-19 using a rapid antigen test.

- **Potential Risks:** I acknowledge the potential risks of my child’s COVID-19 test include the possibility of incorrect test results because of false positives and false negatives.
- **District not a Medical Provider:** I understand that Bloomington Public School District No. 87 is not acting as a student's medical provider and that this testing does not replace treatment by the student's medical provider.
- **Disclosure to Government Authorities:** I acknowledge that the District will provide student’s COVID-19 test to the McLean County Health Department to obtain a test result and to control, prevent, and mitigate the spread of COVID-19. I further acknowledge that the student’s test results and associated information may be shared with appropriate county, state, or other governmental and regulatory entities as may be permitted by law.
- **Release:** To the fullest extent permitted by law, I hereby release, discharge, and hold harmless, the Bloomington Public School District No. 87, including, without limitation, any of its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my Student’s COVID-19 diagnostic test or the disclosure of my Student’s COVID-19 test to the McLean County Health Department.

**To give consent or decline the statements contained within this document, please return to the Skyward form, select a choice from the drop down menu, and sign your name before submitting the form.**