



## Newark Community High School District No.18

413 CHICAGO RD., NEWARK, IL 60541  
PHONE (815) 695-5164  
FAX (815) 695-5752  
*Dr. Edward A. Boswell, Superintendent*  
*Tim Ulrich, Principal*

Dear Students & Parents,

District 18 is approved to offer rapid COVID-19 antigen tests to students and staff in our district. These BinaxNOW COVID-19 Antigen tests are emergency-approved for diagnostic testing. They will be administered per current guidelines by the school nurse and/or trained staff, if parental consent.

### **What is the process to take the test?**

*NCHS staff will contact the parent/guardian when a rapid test is recommended. A sterile foam swab is inserted 1 in. into nose, gently rubbing the sides of each nostril for 15 sec. The swab is then placed into a test card with reagent. The result will show within 15 min, and the parent and/or child are notified.*

### **Is this test required?**

*It is not required for school .*

### **What are the benefits of this rapid Antigen test?**

*The rapid results help the school identify positive cases sooner, preventing disease from spreading to other students. In certain lower-risk situations, this test can help a student stay in school safely (ex. the test-to-stay alternative to quarantine). Consult the nurse or local county Health Department for details.*

### **What if the rapid antigen test result is positive?**

*The BinaxNOW COVID-19 Antigen test has shown high specificity, with low chance of false positives. Thus, anyone with a positive Antigen test would be considered infected and contagious with COVID without additional confirmation. Home isolation would be recommended. If a student has a positive Antigen test with no symptoms or exposures, they may choose to confirm through a PCR test.*

### **Does a negative test rule out COVID?**

*This Antigen test is not approved to completely rule out COVID infection because it is not as sensitive to lower levels of COVID. For this reason, in high-risk cases, additional confirmation is needed after a negative Antigen test before ruling out COVID infection. Per IDPH, anyone with one or more symptoms (cough, body-aches, sneezing/nasal congestion, sore throat, headache, fevers/chills, rash, GI issues, shortness of breath, or loss of taste or smell), needs confirmation such as negative PCR test results.*

### **Is the test swab safe?**

*Yes. The swab is completely sterile and consists of polystyrene handle and foam tip.*

More COVID BinaxNOW Antigen tests can be found at <https://www.fda.gov/media/141568/download>  
Reach out to school nurse Amanda Yunker with any questions. P: 815-695-5164 E: [ayunker@nchs18.org](mailto:ayunker@nchs18.org).



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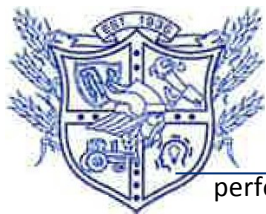
Tim Ulrich, Principal

### Parent Consent for COVID-19 Diagnostic Testing

I, \_\_\_\_\_ (legal name), hereby consent to COVID-19 diagnostic testing of my child (or myself if over 18) including the collection, testing, and analysis of a sample specimen(s) by Newark Community High School District 18, or an appropriate representative(s) of the District. I acknowledge and understand that this testing of my child will require the collection of a sample specimen(s) which may be obtained by nasal procedure with trained staff. I understand there are limitations and risks—including but not limited to the potential for false negatives and occasionally false positive results. And I understand the benefits—including but not limited to maintaining a safer school environment-- associated with my child undergoing a diagnostic test for COVID-19. I assume full responsibility for taking appropriate action with regard to my child's test results. Should I have questions or concerns regarding my child's results, confirmation of the test results, or a worsening of my child's condition, I shall promptly seek advice and treatment from an appropriate healthcare provider.

#### **Terms & Conditions:**

- a. **Notice of Student Privacy Rights and Practices:** All results obtained through the District's testing protocol shall be used for COVID-19 mitigation, tracking, and other purposes which may include surveys and data collection by IL State Board of Education. All results will continue confidential per State and Federal law and regulation.
- b. **Attestation:** I attest I have authority to execute this form providing consent for my child to participate in this COVID-19 diagnostic testing protocol.
- c. **Voluntary Participation** I understand that my child's participation in this COVID-19 diagnostic testing protocol is voluntary. I understand that my child may continue to attend school if I do not consent to their participation in this testing protocol or withdraw my consent, with exception to required school exclusion due to an isolation/quarantine period consistent with local public health department, IDPH, and/or CDC guidance.
- d. **Disclosure of Test Results and Associated Information:** I acknowledge that the District may disclose my child's COVID-19 test results and mine/my child's associated information to appropriate representatives of the District and/or appropriate Federal, State, county, or other governmental and regulatory entities as may be permitted by law. Due to the ongoing public health crisis, this may include sharing my or my child's test results and associated information with public health authorities. I understand that the District will also provide me with information on my child's test results via: **phone, email, or text (circle one)**
- e. **Release:** As consideration for this testing, I hereby, for myself and my heirs, executors, administrators, and assigns, waive, release, and forever discharge the District, it's Board members individually, administrators, officers, employees, volunteers, agents and representatives from any and all manner of action and actions, cause and causes of action, suits, debts, accounts, damages, claims and demands whatsoever in law, or in equity, which I may now have or may acquire, by some reason of personal injury or death or loss or damage to personal property or any other reasons, which may be related in any way to the COVID-19 testing provided by the District which may accrue on account of my child's participation. I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 test being used, the procedures to be



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performed, the potential risks and benefits, and any associated costs. I have been provided an opportunity to ask questions before providing my consent to COVID-19 testing, and I understand that I may withdraw my consent to COVID-19 testing at any time. I have read the contents of this form in its entirety, and I voluntarily consent to testing for COVID-19.

- f. **Indemnification:** I hereby agree to indemnify, defend, and hold harmless, the District, its Board members individually, administrators, officers, employees, volunteers and agents from any and all claims of responsibility or liability for personal injury, property damage, or loss which may arise from or is in any way connected with the COVID-19 testing provided by the District on account of my child's participation.
- g. **Effect of Consent:** By signing below, I am indicating that I voluntarily consent to and authorize the diagnostic testing described above for the detection of COVID-19. This consent is ongoing for the duration of the District's implementation of a diagnostic testing protocol, and I acknowledge that it may be revoked at any time in writing.

The tests used by the District have been approved for the diagnostic use through Emergency Use Authorization by the FDA (Food and Drug Administration). However, a rapid test alone may not be sufficient to detect or rule out the possibility that an individual has been exposed to or is infected with COVID-19. Individuals who receive a test should carefully monitor their own symptoms.

**Expiration Date:** \_\_\_\_\_ (if none specified, consent will automatically expire after 1 year)

### Acknowledgement and Agreement

**Student Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Signature (if over 12**

**years):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Under 18, Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_

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