

**Oak Grove School District 68 2021-2022 School Year
COVID-19 SCREENING Testing Program**

PARENT INFORMATION SHEET VITA PERSONA PCR Testing

OGS will be implementing a COVID-19 PCR screening testing program beginning this fall, 2021. This testing program for students and staff is voluntary at this time and may be subject to change as health guidelines are updated from school, local, and state health departments. Participation in testing requires parental consent.

The COVID-19 PCR screening testing option is primarily targeted to unvaccinated staff and students. An outside agency, Vita Persona, will screen students weekly (once/week) as another mitigation strategy to reduce the spread of COVID-19 within the school and broader community. A hired nurse from Vita Pesona will administer the lower nasal swab test onsite at OGS. The company is responsible for transporting tests to their labs and documenting and notifying the school of any positive cases. This test is **free of cost** to families and OGS.

An OGS school nurse will be contacted within 48 hours of the administration if any tests indicate a “positive” result. When a positive case(s) is identified, the school nurse will contact the parent(s) and the Lake County Health Department immediately and initiate contact tracing to identify close contacts.

BENEFITS of opting into weekly screening:

1. It is proven that administering weekly/bi-weekly tests can help prevent the spread of COVID-19, by identifying positive cases and close contacts quickly.
2. Screening testing offers “peace of mind” for those who have concerns of being an asymptomatic carrier of the COVID-19 virus.
3. Screening testing is **strongly encouraged** for students participating in activities that place them at higher risk for contracting COVID-19 (i.e., band, chorus, athletics, etc.).
4. Parents of students who are participating in extracurricular activities outside of OGS -- which require a weekly negative result for participation -- may obtain results from the OGS screening testing program to use for these purposes.

NOTE: OGS is currently considering a testing requirement for students participating in OGS athletics this fall. Any future updates will be shared with families.

By signing the consent form attached, you are opting your child **IN** to the OGS weekly screening program and allowing an outside agency to manage your child’s weekly tests.

Parents can opt their child IN or OUT of screening testing by contacting the Oak Grove School nurses.

Please return the consent form for your child(ren) to Nurse Callie Johnson at johnson@ogschool.org or Nurse Jen Liu at liu@ogschool.org no later than Friday August 20th to begin participating in the program on Tuesday, August 31, 2021.

CONSENT FOR CHILDREN UNDER THE AGE OF 18

I, _____, parent or legal guardian
of _____ born,
_____, do hereby give consent to _____
(school) and its designated services and affiliates for my child to complete a
COVID-19 nasal swab test. I/We authorize _____
(name of school) to designate, identify or contract with COVID Testing
solutions and services. I/We additionally allow test results to be released to
the school at their discretion, via these designated services and/or affiliates.

Release:

I/We _____ recognize that the school and its affiliates
such as USA Medical, does not provide any physicians', lab services or
other providers' services itself. All of the providers are independent of USA
Medical and use the USA Medical platform as a way to communicate with
patients. Any information, advice or results received from a provider or lab
comes from them alone, and not from USA Medical. The patient
interactions with the providers via USA Medical are not intended to take the
place of a relationship with a patient's regular health care practitioners.
Neither USA Medical, nor any of its subsidiaries or affiliates or any third
party who may promote the USA Medical service, shall be liable for any
professional advice or test result obtained from a health care provider via
the USA Medical service or for any other information obtained from the
USA Medical system, personnel or website. Additionally,
_____ (parent/guardian) agrees to indemnify, release, and
hold harmless USA Medical and _____ (school) from and
against any loss, costs, claim, or liability stemming from any USA Medical
service, referred service, affiliates, or providers, for failure to abide by the
applicable state or federal laws or regulations. Likewise, USA Medical or
any of its independently contracted providers or service partners will not be

responsible for any loss, cost, claim, or liability incurred by the parent/
guardian, school, or other related independent parties.

Unless it is revoked sooner, in writing, this is in effect for the school year
from _____ 20__ to _____ 20__.

Parent/Guardian Name: _____

Work/Home Phone: _____

Cell Phone: _____

Signature: _____ Date: _____

Student's Name: _____

Address: _____

_____ Zip _____

Email: _____