

East Side Health District 638  
N. 20th Street  
East St. Louis, IL 62205

## Test To Stay CONSENT

\_\_\_\_\_ can participate in **Test To Stay**. I give consent to allow  
Student Full Name  
the **East Side Health District** employees to perform a BinaxNow Rapid Covid test. This test will allow the student to continue educational learning at school. Any consequences and the nature of this procedure will be explained to you if your student qualifies. East Side Health District will perform this test on days 2-7 after exposure.

\_\_\_\_\_  
Guardian First & Last Name (PRINT)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date Signed

### Relation To Student

- Parent Minor
- Power of Attorney
- Guardian
- Other \_\_\_\_\_

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**FOR STAFF USE ONLY**

I attempted to obtain an Acknowledgement of the Receipt of the Notice of Privacy Practices on behalf of ESHD. The ESHD was unable to obtain Acknowledgement because:

- Client refuses to sign
- Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
(Staff Member Initials)

\_\_\_\_\_  
(Date)

(Staff: Place Acknowledgement in patient's medical record.)