



SHIELD Illinois Saliva Test Opt Out Form 2021-2022 School Year

To be completed by parent/guardian

Please return to your school office

| Parent/Guardian Information All sections required – please print clearly | |
|--|--|
| Parent/Guardian Print Name: | |
| Parent/Guardian Home Address: | |
| Parent/Guardian Tel./Cell #: | |
| Parent/Guardian Email Address: | |
| Best way to contact you: | |
| Child/Student Information All sections required – please print clearly | |
| Child/Student Print Name: | |
| Child/Student Date of Birth: | |
| Child/Student School: | |
| Child/Student Home Address: | |

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 DO NOT consent for my child to be tested for COVID-19 infection.

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|-------------------------------|--|-------|
| Signature of Parent/Guardian: | | Date: |
|-------------------------------|--|-------|