

Woodridge Local School District

REQUEST TO PARENT FOR BLOOD TEST

Dear Parent:

On _____ (day), _____ (date), your child experienced bleeding to the extent that staff members were exposed to the blood.

Part of the Federally-mandated procedures includes a requirement that the District request parents consent to having their child's blood tested for HIV and HBV when the child has bled at school to the extent that staff members or students have been exposed to the blood. This information would then be provided both to the exposed employee and the treating physician to determine proper medical treatment.

The law does not require parents or guardians to grant permission for the examination of their child's blood, but it does require the District to request that consent. Please indicate your decision below and return this form to the school office for our records.

Thank you for your cooperation in this matter.

I will have my child's blood tested for HBV and HIV and have the results communicated to the school district.

I do not wish to comply with your request.

(Signature of Parent or Guardian)

(Date)