

COVID-19 TESTING PROGRAM

Program Description and Data Practices Notice

Seven Hills Preparatory Academy (“Academy”) students are invited to participate in free COVID-19 rapid testing coordinated by and administered at the Academy. The purpose of this program is to efficiently detect the presence of COVID-19 in the school community to assist the Academy in mitigating its spread and associated disruptions to the learning environment.

COVID-19 rapid tests will be administered at school subject to availability when a student is exhibiting one more or two less COVID-19 symptoms. The Academy will use a test from a company called Cue Health Inc. Cue tests are nasal-swab tests that will be administered by school personnel. School personnel will receive the test results using the Cue Health app on a school-issued device. Results are typically available within 20 minutes of administration of the test. School personnel will report the results to the parent/guardian and student within a reasonable period after they become available. More information about Cue tests can be found in the [Fact Sheet](#) from Cue Health, Inc. and webpage of the [Minnesota Department of Health](#).

Participation in the Academy’s COVID-19 testing program is voluntary. Parent/guardians and students have the right to refuse to participate in this program and are not legally required to provide the requested data. For those choosing to participate in the Academy’s testing program or to report the results of at-home tests, whether the BinaxNOW OTC test kit offered by the school or another test not provided by the school, the data gathered on individuals may be used to determine participants’ COVID-19 status and as follows:

- Data from samples that test positive for COVID-19 will be used to determine which students will be required to quarantine consistent with Academy policy and/or public health guidance.
- Data regarding positive COVID-19 tests may be used to conduct contact tracing and/or to determine close contacts.
- Data from samples that test negative for COVID-19 will be used to identify which participants will be allowed to return to or continue participation in in-person instruction or activities offered by the Academy, unless otherwise provided by Academy policy or public health guidance.
- Data from samples, regardless of their result, will be used to make required reports to the Minnesota Department of Health.

Data on individuals collected as part of the Academy’s COVID-19 testing program may be shared with Academy administrators, teachers, and/or other staff who have a need to know the

information; the Cue Health Inc.; the Minnesota Department of Health; and other state and federal agencies assisting with contract tracing and/or the response to the COVID-19 pandemic.

Consent and Waiver

As the parent/guardian (the “parent”) of the below-named student (the “Student”), I authorize the Student to participate in the above-described COVID-19 Testing Program. By signing this document, I acknowledge, understand, and agree as follows:

1. My consent authorizes the Academy and Cue Health Inc. to collect and assess specimens from the Student for purposes of COVID-19 testing.
2. Academy and Cue Health Inc. do not guarantee the accuracy of any test results.
3. I have read and understand the information contained in the above Program Description and Data Privacy Notice and the Facts Sheet for Individuals from Cue Health Inc.
4. I recognize and understand that allowing the Student to participate in the Program may involve inherent risks, including but not limited to the risk of physical injury or the risk of receiving a false positive or negative test result, and I voluntarily assume all such risks.
5. I voluntarily waive, release, and forever hold harmless the Academy and its current and former board members, officers, directors, employees, volunteers, agents, insurers, and representatives from any and all liability, actions, claims, and demands arising out of or relating to any loss, damage, or injury sustained in connection with Student’s participation in the COVID-19 testing program, unless my child or property is directly harmed or injured by the gross negligence or willful and wanton misconduct of the Academy or its agents.

By signing below, I acknowledge that I have received, reviewed, understand, and agree to the information contained in this consent and waiver.

Date: _____

Parent/Guardian of Student

Print Name

Student’s Name