



Acknowledgement of Registration for Vault COVID-19 Saliva Testing Minnesota Transitions Charter School District

Minnesota Transitions Charter School (“MTCS”) is offering voluntary onsite saliva testing for COVID-19 through an outside testing provider, Vault Medical Services (“Vault”). By signing this form, I acknowledge:

1. That I created an account with Vault and provided the appropriate consent for testing directly to Vault. Vault permits students who are over 18 years of age to provide consent for testing. For students under 18 years old, Vault requires a parent or legal guardian to provide consent. Results will be available in my Vault account or will be reported directly to the email address or phone number I provided to Vault.
2. Vault does not release testing data or account information directly to schools. Students, parents, or legal guardians are not required to provide test results or other private information relating to COVID-19 testing to schools. I may choose to share my test result with MTCS or others voluntarily. As part of this voluntary testing, I understand that I may be asked to provide private or confidential information about myself to MTCS staff to help aid in the administration of the testing program. I am aware that I will not be required to supply the private or confidential information, and my failure or refusal to provide private information will not affect my ability to participate in the testing program. Any private or confidential information that I share will be classified under the Minnesota Government Data Practices Act and/or the Family Educational Rights and Privacy Act, and will only be shared as outlined in those laws.
3. MTCS staff trained to supervise testing may be involved in administering the testing program and may provide assistance. Vault requires a trained testing supervisor to oversee each test directly. In addition, staff may be available to provide assistance in virtual visits with Vault testing supervisors.
4. I am not required to participate in testing supervised or assisted by school staff, but may choose to do so voluntarily.

By signing below, I am certifying that I understand the above and that I want to participate in Minnesota Transitions Charter School’s COVID-19 saliva testing program.

SIGNATURE – Student	Name – Student <i>(Print or type)</i>	Date Signed <i>(mm/dd/yyyy)</i>
SIGNATURE – Parent or Legal Guardian	Name – Parent or Legal Guardian <i>(Print or type)</i>	Date Signed <i>(mm/dd/yyyy)</i>

[] I acknowledge that I am 18 years or older and my own legal guardian; therefore I am able to sign the above independently.