

Acknowledgement of Registration for Vault COVID-19 Saliva Testing at Win-E-Mac School

Win-E-Mac School is offering 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 Win-E-Mac School or others voluntarily.
3. Win-E-Mac School health staff trained to supervise testing may be involved in administering the testing program. Vault requires a trained testing supervisor to oversee each test directly.
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 [SCHOOL NAME]'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>