

DAN SHELTON, ED.D.
Superintendente

DEAN J. IVORY
Director Superior

TO: Families of Christina School District
RE: Health and Wellness Committee
DATE: September 1, 2021
RE: **COVID-19 Antigen Testing in Christina School District**

Christina School District, in partnership with the Delaware Department of Education, Delaware Public Health and Quidel Corporation, are offering the implementation of a Rapid COVID-19 Testing Program. Like last year, registered students and staff will participate in weekly testing for the presence of COVID-19. These tests, similar to a rapid strep test, provide results in as little as ten minutes. Christina School District began offering this service in January 2021. We are excited to continue to offer this mitigation strategy for the 2021-22 school year. Christina School District will use the following process to administer the tests:

- Students/families must opt in to the testing program by completing the COVID-19 School Testing consent form. A copy is provided with this letter. The electronic consent form can be found at <https://my.primary.health/l/christina-schools>
- Students, with approved consent, will be screened weekly while in school. Testing will be provided and administered by Quidel Corporation. Sample collection will be completed in a matter of minutes with a nasal swab. The student and family will be notified of either a positive or negative result and the next steps required. Quidel will also send email notifications for all test results on a secure online portal for individual/parent review.

To participate in COVID-19 antigen testing, we ask that you complete the COVID-19 test consent form by visiting our website <https://my.primary.health/l/christina-schools> or by scanning the QR code below. Please contact your child's school nurse if you have any questions regarding the antigen test.



QUIDEL SCHOOLS TESTING AND PRODUCT CONSENT

Last Updated: August 2021

Your child's school district has partnered with state and local organizations, which may include your state department of health and your state department of education, to test students for COVID-19 infection. To support this effort, Quidel Services, LLC and its affiliates (referred to as "Quidel", "we", "us" or "our") is seeking your consent to test your child for COVID-19 infection and make your child's test results available to you and the organizations described above in accordance with applicable law (the "Services"). There is no cost to you or to your insurance for the Services.

We are arranging testing as scheduled by your child's school or school district to test some of the students at your child's school. If you consent, your child may be selected for testing on one or more of these occasions and will receive a free test for COVID-19 infection.

Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose. Although the risks and discomforts associated with a nasal swab are very low, your child might be at risk for pain, bruising, and discomfort. Our Services may reveal sensitive information about your child's health. You may learn about your child's health conditions or risks that you were not aware of before you utilized our Services. You or your child may experience stress, anxiety, or emotional or physical discomfort when you or your child learn about health conditions or potential health problems.

If your child's test results are positive, your child may be moved to a location/room away from other students until your child is able to be picked up from school, and your child's school may contact you about providing additional tests to your child. If your child's test results are positive, you should keep your child at home and please contact your child's doctor immediately to review the test results and discuss what you should do next.

If your child's test results are negative, this means that the virus was not detected in your child's specimen. Quidel implements several safeguards to avoid technical errors, but as with all tests, there is a chance of a false positive or a false negative result. Tests sometimes produce incorrect negative results (called "false negatives") in people who have COVID-19 infection. A false positive result means COVID-19 was detected which was not in fact present. Other sources of error include sample mix-up, poor sample quality or contamination, and technical errors. Quidel does not warrant the accuracy, completeness, timeliness, or usefulness of the opinions, content, services or other information provided through the Services.

If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor. If you need help finding a doctor, call your school nurse.

The Services are for informational purposes only and are not intended as a substitute for professional medical advice, help, diagnosis, or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you have regarding your medical care, and never disregard professional medical advice or delay seeking it because of something you have read on our website or via our Services. Nothing contained in the Services is

intended to constitute a medical diagnosis or treatment. Reliance on any information appearing in the Services is solely at your own risk. You understand and agree that your child's test results are not intended to be used for any diagnostic purposes and are not a substitute for professional medical advice. You understand that your child's test results will not tell you if your child has had the virus or disease in the past or if your child will have immunity in the future.

WE DO NOT PROVIDE MEDICAL ANY MEDICAL ADVICE OR SERVICES, INCLUDING SERVICES FOR MEDICAL EMERGENCIES OR URGENT SITUATIONS. IF YOUR CHILD IS EXPERIENCING A MEDICAL EMERGENCY, CALL YOUR CHILD'S DOCTOR OR 911 IMMEDIATELY. YOU SHOULD CONTACT YOUR CHILD'S HEALTHCARE PROVIDER IF YOUR CHILD'S SYMPTOMS GET WORSE OR YOUR CHILD EXPERIENCES ANY NEW SYMPTOMS.

The law allows some information about your child to be shared with and among certain organizations, which may include your school, school district, state department of health and state department of education. This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19 and taking other steps to prevent the further spread of COVID-19 in your school community. Information about your child that may be shared with these agencies and service providers conducting COVID-19 Testing may include, but is not limited to your child's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom/cohort/pod, enrollment and attendance history, and afterschool or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address. Sharing of information about your child will only be done so in accordance with applicable law and policies protecting student privacy and the security of your child's data.

You understand that by providing or accessing your child's test result(s), or providing information to us, you acquire no rights in any research or commercial products that may be developed by Quidel or its collaborating partners. You specifically understand that you will not receive compensation for any research or commercial products that include or result from your information. Your and your child's information may be stored in a repository and used for validation, educational, and/or research purposes.

Your use of Quidel Services is voluntary. You may choose to withdraw this Consent or to stop using Quidel Services at any time. Such requests should be sent to us by email at privacy&security@quidel.com or in writing at Attn: Legal Department, 9975 Summers Ridge Rd, San Diego, CA 92121. Please note that while any changes you make will be reflected in our databases within a reasonable period of time, we may retain your information in the ordinary course of business, for the satisfaction of our legal obligations, or where we otherwise reasonably believe that we have a legitimate reason to do so.

THIS IS A LEGAL AGREEMENT. YOU ACCEPT, AGREE, CONFIRM, AND CERTIFY THE FOLLOWING CONDITIONS: YOU REPRESENT AND WARRANT THAT YOU HAVE THE RIGHT, AUTHORITY, AND CAPACITY TO ACCEPT AND AGREE TO THESE CONDITIONS AND AGREE TO BE BOUND BY THIS CONSENT FREE OF IMPROPER INFLUENCES AND COERCIONS. YOU REPRESENT THAT YOU ARE OF SUFFICIENT

LEGAL AGE IN YOUR JURISDICTION OF RESIDENCE TO USE THE APPLICABLE SERVICES AND TO ENTER INTO THIS AGREEMENT. IF YOU DO NOT AGREE, YOU WILL NOT BE ABLE TO USE OR RECEIVE THE SERVICES.

You accept, agree, confirm and certify the following:

I am agreeing to this form freely and voluntarily, and I am legally authorized to make decisions for the child named above. I consent for my child to be tested for COVID-19 infection. I understand that my child may be tested at multiple times during the school year, including as determined by my child's school or school district. I understand that the results of my child's test(s) may be shared with other organizations in accordance with applicable law. I understand that this consent will be valid until I revoke my consent. I understand that if I revoke my consent or refuse to agree to these terms, my child may be required to continue their education via remote learning. I understand that if I am a student age 18 or older or may otherwise legally consent for my own health care, references to "my child" refer to me and I may agree to these terms on my own behalf.

I, my child, and my and my child's assignees, heirs, parents, guardians, and legal representatives hereby voluntarily release, forever discharge, and hold harmless Quidel Corporation, Quidel Services, LLC, and its and their respective predecessors, successors, affiliates, subsidiaries, officers, trustees, employees, attorneys, agents, contractors, representatives, or groups affiliated therewith (the "Releasees") from any liability, claims, or causes of action of whatever nature, arising from or related to the Services for any reason whatsoever to the fullest extent permitted by law, including without limitation, arising from or a result of the acts or omissions, whether negligent or willful, of the Releasees.

I, and my child further agree to indemnify, defend, and hold harmless the Releasees from and against any and all claims or actions by third parties and any related liabilities, losses, damages, fines, judgment, settlements and expenses (including, but not limited to, legal fees and expenses for counsel selected by Quidel) arising or resulting from my (or student's or subject's) willful conduct or negligence with respect to a failure to comply with the terms of this Consent.

In addition, I understand that this release is intended to be as broad and inclusive as allowed by law and that if any portion is held invalid, agrees that the balance shall, notwithstanding, continue in full force and effect.

I ACKNOWLEDGE THAT I HAVE THE RIGHT TO CONSULT WITH ANYONE OF MY CHOOSING – INCLUDING, BUT NOT LIMITED TO, AN ATTORNEY AND MY AND SUBJECT'S HEALTH CARE PROVIDER(S) – WITH RESPECT TO THE TERMS OF THE RELEASE AND OTHER PROVISIONS OF THIS DOCUMENT BEFORE ACCEPTING THE TERMS OF THIS CONSENT.

Parent/Guardian Name

Signature

