

Name \_\_\_\_\_  
Grade \_\_\_\_\_  
School \_\_\_\_\_

**UPPER ARLINGTON CITY SCHOOL DISTRICT  
AGREEMENT FOR VOLUNTARY DISTRIBUTION AND USE OF COVID-19 RAPID TEST**

Upper Arlington Schools is pleased to partner with Franklin County Public Health (FCPH) and the Ohio Department of Health to offer its students, on a voluntary basis, a COVID-19 rapid test. The test being made available is the BinaxNOW Test, a 15-minute rapid antigen test developed by Abbott Laboratories and approved for use by the FDA ("Rapid Test").

The receipt and use of the Rapid Test is conditioned upon compliance with and agreement to the following terms and conditions:

1. The Rapid Tests received will be used for Upper Arlington Schools students only.
2. Positive results will be communicated to the student's school nurse within 24 hours.
3. Students testing positive will follow isolation guidelines and not return to in-person school or school activities until they are permitted to do so. If you believe the test produced a false-positive result, the student must still follow isolation guidelines unless receiving a negative result from a non-rapid COVID-19 test (PCR).
4. On behalf of Student, the undersigned parent(s) and/or guardian(s) assume all risks of use of the Rapid Test and release, discharge, waive, and agree not to sue for any and all liability, claims, damages, causes of action and/or demands against the Upper Arlington City School District Board of Education ("Board"), FCPH, OOH and their employees of every kind and nature which may arise from or in connection with such use. The undersigned further agrees to indemnify and hold harmless the Board, FCPH, OOH and their employees from any claim arising out of or related to use of the Rapid Test including, but not limited to, reasonable attorney fees.

By signing below, the undersigned acknowledges reading and understanding the above terms and conditions and voluntarily accepting them on behalf of himself/herself and the Student(s).

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date