



COVID-19 PCR Test Legal Guardian Consent Form

I confirm that I, _____, am the parent/legal guardian of _____, a student at _____{insert name of school}_____.

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make healthcare-related decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection by One Medical.
- I understand that my child may be tested when I am not present at multiple times through September 30, 2021.
- I understand that this consent form will be valid through September 30, 2021, unless I notify the designated contact person from my child's school in writing that I revoke my consent. I understand that if I revoke this consent form, it will not have any effect on actions taken by One Medical before they received my revocation.
- I understand that my child's test results and other information may be disclosed as permitted by law.
- 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 sign this form on my own behalf.
- I have provided accurate and up-to-date contact information below in the event I need to be contacted regarding this consent for my child.

Name of Child: _____

Date of Birth (MM/DD/YYYY): _____

Parent/Legal Guardian Name: _____

Signature: _____

Date (MM/DD/YYYY): _____

Phone Number: _____

Emergency contact information, if different from above:

Name of Contact: _____

Phone Number: _____

Once complete, send to One Medical via one of the following methods:

- a.) Log in to your student's One Medical account, select "messages" and attach photo
- b.) Bring this form to your next One Medical appointment and provide at check-in