

CONSENT FORM FOR VOLUNTARY COVID-19 TESTING -- STUDENT

Your child's school is now offering a voluntary K-12 COVID-19 screening program for students and school-based staff. This program uses Mako Medical Laboratories ("Mako") as their testing partner. Your child's school will only administer this voluntary test with parent consent for minor students. Adult students may provide direct consent. If you wish to take the test, please complete this form.

TO BE COMPLETED BY PARENT, GUARDIAN, OR ADULT STUDENT

Parent/Guardian Information

You will be notified with test results either via cell phone or email, or both.

Parent/Guardian or Adult Student Print Name:

Cell/Mobile #:

Note: Results will be texted to this cell #

Parent/Guardian or Adult Student Email Address:

Child/Student Information Child/Student Print Name:

Street Address:

City:

State:

Zip Code:

County:

School:

Date of Birth: (MM/DD/YYYY)

Race/Ethnicity: Asian Hispanic Native American/Indigenous Black White Unknown

Gender: Male Female Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize my child's school to conduct specimen collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or I (if student age 18 or older) may have the COVID-19 virus and he/she or I must follow the school's protocol for positive results.
- C. I understand that the school is not acting as my or my child's medical provider; that this testing does not replace treatment by my or my child's medical provider; and I assume complete and full responsibility to take appropriate action concerning my or my child's test results. I agree to seek medical advice, care, and treatment from my or my child's medical provider if I have questions or concerns, or if my or his/her condition worsen.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- E. I have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent from my child's school. I understand that Mako is not responsible for providing the school's program information. I have been given the opportunity to ask questions before I sign, and I may ask additional questions at any time.
- F. My consent for this screening test for COVID-19 is knowing and voluntary.

Signature of Parent/ Guardian or Adult Student:

Date Signed:
