

COVID-19 Testing Consent



Authorizing Provider:	Testing Site:
<input type="radio"/> Nasopharyngeal <input type="radio"/> Oral <input type="radio"/> Mid-turbinate Type of Test:	Lab Assigned:

Minor's Information

Minor's Name (Last, First Middle)		Minor's DOB (MM/DD/YYYY)
Parent/Guardian Phone Number	Minor's Address	

I authorize that a test sample be taken for COVID-19 as ordered by the authorizing provider (or my child's or legal dependent's physician or authorized healthcare provider). I do hereby consent to any physician or health care provider or authorized provider examining or testing my minor child to use or disclose protected health information for reporting purposes.

SECTION BELOW TO BE COMPLETED BY PARENT/GUARDIAN FOR CHILD UNDER 18

I, _____, have the following relationship with the person above:
 Circle one of the following:

- Father / Mother/ Stepfather / Stepmother
- Court Ordered Legal Guardian
- Grandfather / Grandmother
- Adult Aunt / Adult Uncle / Adult Brother / Adult Sister

I have the legal authority, based on the relationship to the child as indicated above pursuant to s. 743.0645, F.S., to consent to this test administration for the child named above.

Parent or Guardian Signature	Date
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