



PARENT/GUARDIAN CONSENT FORM FOR WEEKLY STUDENT COVID TESTING

I hereby acknowledge full and complete consent to and make a request for Covid Testing for my child while they are a student of _____ through June 2021. I hereby request and authorize PMH Laboratory, Inc. designated subcontractor who is an independent nurse/healthcare staffing agency, not directly affiliated with PMH Laboratory, Inc., to collect this sample for the person named below for whom I am the legal guardian. I hereby release _____ and The PMH Laboratory, Inc. from all liability. I understand that this testing is voluntary and that I have the option to get weekly testing for my child on my own. I also understand that the results of the Covid testing will only be shared with the necessary _____ Administrators/Support Staff and will only be used for the purposes of my child’s attendance at _____.

The PMH Laboratory, Inc., is not providing you with medical advice nor are they responsible for any testing outcome.

CHILD’S NAME (Please print):

PARENT/GUARDIAN SIGNATURE:

DATE:

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