

LABORATORY SCHOOL CONSENT FORM FOR SHIELD COVID-19 TESTING & RELEASE OF RECORDS
TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Information All sections required – please print clearly	
Parent/Guardian Print Name:	
Parent/Guardian Home Address:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	
Best way to contact you:	
Child/Student Information All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child/Student Home Address:	

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested at the Laboratory Schools for COVID-19 infection.
- I understand that my child may be tested multiple times through the 2021-2022 school year, and that testing will occur typically one time per week.
- I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the Building Principal that I revoke my consent.
- I understand that if I revoke my consent or refuse to sign this consent form, my child be subject to specific physical distancing requirement during in-person instruction and would not be able to participate in certain activities such as medium/high-risk extracurricular sports and activities subject to recommended testing requirements.
- I understand that my child’s test results, and other information may be disclosed as permitted by law and authorize the results to be released to the Laboratory School’s nurse. I understand that the Laboratory Schools will follow the same standards of confidentiality to collect and secure test result information as are used to collect and secure other immunization or health status information from students.
- I understand that if I am a student age 18 or older or may otherwise legally consent to my own health care, reference to “my child” refer to me and I may sign this form on my own behalf.

Signature of Parent/Guardian (if child is under age 18):		Date:
Signature of Student (if age 18 or over)		Date: