

**COVID-19 Test Permission Form**

**NCLL Sample**

This consent provides *(ministry name)* (“The Ministry”) with my permission to perform a COVID-19 screening test on my child for the purpose of determining if my child has COVID-19. I understand and agree with the following as it pertains to this test:

1. The Ministry offers this test as part of its ongoing effort to maintain a safe environment for my child as well as other students, teachers, staff, volunteers, contractors, and other persons with whom my child may come into contact.
2. By signing below, I indicate my voluntary consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Ministry’s school nurse or other designated medical professional)* to administer this test to my child.
3. This test involves a rapid nasal swab which will then be tested within thirty minutes or less for the presence of antibodies that may indicate the presence of COVID-19.
4. Pending results of the test, my child will be required to stay in a designated area and that if the test results are positive for COVID-19, I will be contacted and my child will be supervised in a room by him/herself until I arrive to pick up my child.
5. While this test has been allowed for use by the Food and Drug Administration (“FDA”), it has not been approved by the FDA.
6. This test alone may be inconclusive and may not be sufficient to detect or rule out the possibility that my child has been exposed to or is infected with COVID-19.
7. I will carefully monitor my child’s symptoms and, notwithstanding the results of any testing, understand that my child must stay home and that I should consult with my child’s primary care provider if he/she experiences symptoms of COVID-19.

In consideration of my child’s enrollment at the Ministry, his/her being permitted to obtain this test, and other valuable consideration that is hereby acknowledged, **I hereby agree to release, defend, indemnify, and hold harmless** the Ministry, staff members who perform the test, and all other agents of the ministry from any claims, liabilities, expenses, damages, and causes of action, including those caused by risks of the test, side effects, complications, false negatives or positives, **or the negligence of Ministry staff or volunteers**, that may arise from the administration of this voluntary test. In addition, by signing below, I acknowledge that any testing that may be performed for COVID-19 has not been approved by the FDA.

**I agree** that I have carefully read and understand the foregoing consent and liability release. I sign this document as my own free act and understand that it is a legally binding agreement.

Name(s) of parent or legal guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name to be administered COVID-19 test\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_