



Consent Form for Minors Undergoing COVID-19 TESTING

Homeroom Teacher

Test Date

As the parent or guardian of the minor student named below, I authorize my child's school/School District and the associated professional personnel to collect and test a sample from said student for the presence of SARS-CoV-2.

The tests being used are the OSANG Healthcare, GeneFinder™ COVID-19 Plus RealAmp Test. Which detects SARS-CoV-2 with 100% sensitivity using triple gene targets (E, N & RdRp) with positive, negative, and internal controls **and/or** Rapid Antigen GenBody COVID19 AG Detection Kit for SARS-CoV-2 Antigen.

Furthermore, I understand the potential risks of this procedure a minimum but could include:

- Possible discomfort or other complications that can happen during sample collection.
- Possible false positive, false negative or inconclusive test results.

Potential benefits include:

- The result, along with other information, can help us make informed decisions about your participation and potential health care needs.
- The results of this test may help limit the spread of COVID-19 to your family and others in your community and the campus community

Student First & Last Name

Student Date of Birth

Primary Insurance

Group & Policy Number

Not Insured

Guardian Name (Print Clearly)

Guardian Signature

Date: