



**PARENT/GUARDIAN CONSENT FORM
for
COVID-19 TESTING AT FRANKLIN ROAD ACADEMY**

If your child is under the age of 18, we require parent/guardian consent to perform COVID-19 testing. If you consent, your child will receive a diagnostic test for the COVID-19 virus that will be billed to your insurance. Collecting a specimen involves inserting a small swab, similar to a Q-Tip, into the front of the nose.

To be completed by a parent or guardian:

Parent/Guardian name:

Parent/Guardian phone number:

Parent/Guardian email address:

Child name (may list more than one child in a household):

Child date of birth:

Consent:

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(ren) named above.
- I consent for my child to be tested for COVID-19.

Signature of Parent/ Guardian _____

Date _____