



CONSENT FOR TREATMENT OF A MINOR

CONSENT & ACKNOWLEDGEMENT. I hereby acknowledge & consent to diagnostic procedures for my child _____ and treatment that may be performed on an outpatient basis testing site and which may include but are not limited to laboratory procedures, x-ray examinations or medical treatment, done at Brio Clinical COVID Testing Site by or under the instruction of a healthcare provider.

FOLLOW-UP TELEHEALTH. The limitations of telehealth visits include the possibility of not being able to pick up conditions found during the healthcare exam. There may also be technical difficulties like a lost connection or interruption. I know that my signature provides consent for Urgent Point and Brio Clinical to share this information as needed and provides permission for these services to contact Parent/Guardian, for my child once the physician writes an order. I know that I have a right to consent to or refuse to consent to any future care for my child and to discuss this care. The health care provider will discuss with my child either in person or on line, specific care and/or interventions including procedures, and obtain a specific consent. Invasive procedures and special treatments, such as immunizations, may require additional consents.

By signing below, you agree to release and waive any claim arising from your selection to receive this voluntary screening, that may arise against Brio Clinical and its designated medical providers and staff members. In addition, by signing below, you acknowledge that any testing that may be performed for COVID-19 has been approved by the Food and Drug Administration (FDA). Accordingly, you agree to release and waive any claim that might arise against Brio Clinical and Urgent Point and its designated medical providers and staff members for any risks, side effects, or complications resulting from the testing.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required and pursuant to the provisions of Section 25.9 of the California Civil Code

By signing below, I agree that I have read and fully understand the content of this consent form & this authorization my child to receive medical services for the the following date of service:

Print Name of Minor Patient

Birth Date

SID#

Print Name of Parent or Guardian

**Parent or Guardian
Phone #**

Parent or Guardian Email

Signature of Parent or Guardian (circle)

Date and Time

Relationship to Patient: ☐ Parent ☐ Legal Guardian* ☐ Holder of a Power of Attorney* ☐ Executor of Estate*

Please Return this form via School Administration before testing date or please print out for testing site.