



Parental Consent for COVID19 Testing

I, _____ (print Parent/ Guardian's full name),
hereby give consent for my child _____ (print child's full
name) to be tested for COVID19. I understand that this COVID testing is voluntary. I also
authorize for _____ (print name of school) to obtain
results of my child's COVID testing from the Corpus Christi- Nueces County Health District for
use in accordance with school policies.

I understand that testing for COVID19 via nasal pharyngeal or pharyngeal swab is safe and
minimally invasive. I understand that minor, self-limiting, and non-life-threatening events such
as nosebleeds can occur as a result of a nasal swab specimen collection.

Parent/ Guardian Name (Print)

Date

Parent/ Guardian Signature