

Medex Medical Supplies Inc.

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Hoffman Estates, IL 60169

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CONSENT FORM 2024-2025

I _____ (Print Name of Parent), understand Medex Medical Supplies, requires a signed consent for Covid-19/ Influenza A&B/ RSV testing before my child can be tested. I give consent to Medex Medical Supplies and their employees to test my child, _____ (Print Name of Child).

Date of Birth: _____

Gender: _____

Race/Ethnicity: _____

Address: _____

City: _____

State: _____

Zip code: _____ - _____

Phone: _____ - _____

Facility/School: _____

Signature of Parent: _____

Date: _____