#  CONSENT FOR TESTING- Minor Student

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| --- | --- |
| Full Name | Sex (circle)Male or Female: Please select one |
| Street Address | City | State | Zip |
| Phone Number | Email | Date of Birth (mm/dd/yyyy) |

Parent/Guardian Consent Required

1. I am the:  parent; or  legal guardian of the individual named above who is seeking BianaxNOW testing.
2. I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to conduct BianaxNOW COVID-19 testing on the individual named above, who is my child or legal ward.
3. I understand that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will release the results of my child or legal ward’s test **if positive** to the physician or authorized healthcare provider who I designate.
4. I understand any test results will be disclosed to county and state health entities as required by law.
5. I acknowledge that a positive test result is an indication that my ward may be required to isolate to avoid infecting others. Should the test result be positive, I understand I will be contacted by local public health personnel with further instruction.
6. I understand that a patient relationship with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not created by my child or legal ward’s participating in testing. I understand the Helena School District personnel administering the testing are not acting as my child or legal ward’s medical provider.
7. I understand testing does not replace treatment by a medical provider. I will take appropriate action with regards to any test results I receive. I will seek medical advice, care and treatments from my child or legal ward’s medical provider if my child or legal ward’s condition worsens.
8. I hereby knowingly and voluntarily consent to have my child or legal ward’s sample taken and analyzed and I hereby waive any and all rights, claims, or causes of action of any kind for myself, my child, my ward, my heirs, executors, administrators, assigns, or personal representatives, and I hereby release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and its agents for any injury that my child or legal ward may suffer as a direct or indirect result of participation in this testing activity.

**Signature of Parent or Guardian Date**

**Printed Parent or Guardian’s Name**