

Consent for Covid/Flu Combo, Flu A/B and Strep Testing

Please complete sections A, B, and C

Section A:

First Name: _____ Last Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Sex or Biological Sex __M __F
Home Phone: _____
Primary Care Physician (if known): _____ Physician Phone: _____

Section B:

Requested Test:

_____ Flu A/B
_____ Covid-19/Flu A/B Multiplex
_____ Strep A

Section C:

I certify that I am the Patient or guardian of a patient receiving either a rapid Strep A or Flu A/B test or Covid-19/Flu A/B Multiplex. I give my consent to the health care provider (Enter School Name) _____ (here forth referred to as "school"), as applicable to administer the test(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving these tests and all test results must be used as a component along with the advice and guidance of your healthcare provider. Positive test results should be brought to the attention of your medical doctor and used with their professional judgement as a course of treatment. Negative results do not mean that you should not follow up with your medical doctor if your condition does not improve or worsens. I acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. On behalf of myself, my heirs, and personal representatives, I hereby release and hold harmless the aforementioned school, as applicable, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors, and employees from any and all liabilities or claims whether known arising out of, in connection with, or in any way related to the administration of the test(s) listed above. I authorize the afore mentioned school as applicable to release any medical or other information to my health care professionals, as necessary with respect to the test(s) listed above.

Signature _____ (Parent/Guardian if under 18) Date _____