

Consent to Test Minor for COVID-19

Minor's Name

Minor's Date of Birth

Street Address

City

ZIP

Parent/Guardian Name

Phone Number

School Name

As the parent or legal guardian of the above-named minor child, I hereby consent for my child to be tested for COVID-19 by the **Salt Lake County Health Department** while my child is under the care of the school listed above.

I understand that if my child tests positive for COVID-19, the Salt Lake County Health Department will contact me directly. I verify that the above information is correct.

Parent/Guardian Signature

Date