



## PARENT/GUARDIAN CONSENT FORM FOR WEEKLY STUDENT COVID TESTING

I hereby acknowledge full and complete consent to and make a request for Covid Testing for my child while they are a student of Los Encinos School through June 2021. I hereby request and authorize PMH Laboratory, Inc. designated subcontractor who is an independent nurse/healthcare staffing agency, not directly affiliated with PMH Laboratory, Inc., to collect this sample for the person named below for whom I am the legal guardian. I hereby release Los Encinos School and The PMH Laboratory, Inc. from all liability. I understand that this testing is voluntary and that I have the option to get weekly testing for my child on my own. I also understand that the results of the Covid testing will only be shared with the necessary Los Encinos School Administrators and will only be used for the purposes of my child's attendance at Los Encinos School.

The PMH Laboratory, Inc., is not providing you with medical advice nor are they responsible for any testing outcome.

CHILD'S NAME (*Please print*): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Parent/Guardian agrees that a facsimile, pdf, or other electronic means of signature shall constitute an original.

DATE: \_\_\_\_\_