

COVID-19 Testing Consent Form for Students Under 18

Student name: _____

Student date of birth: _____

Student age at last birthday: _____

Student grade: _____

Student building assignment (Unity East, Unity West, etc.) _____

Name of parent or legal guardian: _____

Select one: parent___ legal guardian___

Address of parent or legal guardian _____

Phone number of parent or legal guardian: _____

Email address of parent or legal guardian: _____

I hereby consent to COVID-19 testing of _____ by Tolono Community Unit School District No. 7 school officials on an as-needed basis as determined by school officials during the 2021-2022 school term.

Signature of parent or guardian