

COVID-19 SCREENING PERMISSION
STUDENT

Student Name: _____ Grade: _____

Informed Consent for Coronavirus (COVID-19) Screening for Student

I authorize Wild Health to conduct collection, testing, and screening for COVID-19 through a nasopharyngeal swab at my child's school. I acknowledge that this screening is being conducted at the request of Lee County Schools and any results or findings are for its benefit in order to determine whether it is safe for my child to remain in school, participate in, or attend an event. I further acknowledge and expressly consent to each of the following:

- (1) I authorize my child's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- (2) I acknowledge that a positive test result is an indication that my child must self-isolate in an effort to avoid infecting others.
- (3) I understand that I am not creating a patient relationship with Wild Health by participating in this screening. I further understand that Wild Health is not acting as my child's medical provider and is not conducting a diagnostic test.
- (4) I understand that testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree that I will seek medical advice, diagnosis, care, and any necessary treatment from a medical provider if I have questions or concerns, or if my child's condition requires me to do so. If I do not have a medical provider, I may ask Wild Health for a list of health care professionals from whom I may receive follow-up care.
- (5) I understand that, as with any medical test, there is the potential for the occurrence of a false positive or false negative test result. I have been given the opportunity to ask questions about this Consent before I sign, and I have been told that I can ask other questions at any time.

Please mark your preference. You CAN select routine screenings AND when your child is symptomatic if you would like.

___ Permission is granted for routine screenings performed by Wild Health.

___ Permission is granted to screen any time my child has symptoms or is identified as a contact of a positive case of COVID-19.

___ Permission is granted to screen on a particular date: _____

Name (please print): _____ Signature: _____

Check if applicable: () Parent () Guardian () Legally Authorized

Representative Date: _____