



To Be Completed by Staff Member or Child's Parent/Guardian

Testing is SALIVA ONLY (THIS MEANS SWABBING THE INSIDE OF THE JAW)

Parent/Guardian Information

All sections required – please print clearly

Parent/Guardian Print Name:	
Parent/Guardian Home Address:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	

Staff Member/Child/Student Information

All sections required – please print clearly

Staff Member/Student Print Name:	
Staff Member/Student Date of Birth:	
Staff Member/Student School:	
Staff Member Home Address:	
Staff Member Tel./Mobile #:	
Staff Member Email Address:	

By signing below, I attest that: **Students' Grade:** _____ | **Teacher:** _____

I have signed this form freely and voluntarily, and I am legally authorized to make decisions for myself (staff member) or on behalf of my child (parent/guardian) named above. I understand that my (staff member)/ my child's (parent/guardian) test results and other information may be disclosed as permitted by law.

I consent for myself (staff member) or for my child (parent/guardian) to be tested for COVID-19 infection:

_____ I consent to weekly screening testing using the Gemini Labs Inc. I understand that I (staff member)/my child (parent/guardian) will be tested multiple times through the 2021-2022 school year, and that testing will occur one time per week.

_____ I DO NOT consent to weekly testing, but consent ONLY to testing if I (staff member) am/my child (parent/guardian) is involved in an outbreak situation.

I understand that this consent form will be valid through the 2021-2022 school year, unless I notify the designated contact person at my (staff member)/my child's (parent/guardian) school in writing that I revoke my consent.

Signature of Parent/Guardian (if child is under age 18):		Date:
Signature of Employee (if age 18 or over):		Date: