BIRMINGHAM CITY SCHOOLS
BUILDING LEADERS. IMPACTING THE WORLD.

PARENTAL CONSENT FORM

COVID-19 TESTING

As the parent or guardian of the minor student named below, I hereby authorize the University of Alabama at Birmingham to biweekly collect and test a nasal sample from my child for the presence of Covid-19. I understand that testing is conducted biweekly as a proactive measure to minimize the spread of COVID-19.

Furthermore, I understand the potential risks of this procedure include:

- Possible discomfort or other complications that can happen during sample collection.
- Possible false positive, false negative or inconclusive test results.

Potential benefits include:

- The result, along with other information, can help you make informed decisions about your care.
- The result of this test may help limit the spread of Covid-19 to your family and others in your community.

_____ _____

Student Name **Student Date of Birth**

_____ _____

School **List all Extracurricular Activities**

_____

Parent/Guardian Name (print)

_____ _____

Parent/Guardian (signature) **Date**