

ALABAMA COVID-19 SCREENING TESTING CONSENT FORM

By signing below, I attest that:

- I am the parent/legal guardian of the child/student named above.
- I am legally authorized to make healthcare-related decisions for the child/student named above.
- I have signed this form freely and voluntarily.
- I consent for my child/student to be tested for COVID-19 infection through the school-based routine COVID-19 screening (testing) program being implemented at my child's/student's school.
- I understand that there is no cost to me or to my family for these screening tests.
- I understand that the testing program will follow the Centers for Disease Control and Prevention (CDC) Guidelines related to test type and frequency.
- I understand that this test uses a simple collection procedure procedure

