



Little Lamb Consent Form for Rapid Antigen COVID-19 Testing

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Child's Name: _____

Child's DOB: _____

By signing below, I attest that:

- A. I authorize Little Lamb to conduct collection and testing of my child for COVID-19 by a shallow nasal swab using a Rapid Antigen Test.
- B. I acknowledge that a positive test result is an indication that my child must self-isolate, continue wearing a mask or face covering as directed to avoid infecting others and be excluded from care.
- C. I understand that Little Lamb is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if my child's condition worsens.
- D. I understand that, with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- E. I understand how to use the rapid test at home on my child. [Instructions](#) for use seen here.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time and may cancel my consent at any time.

Disclaimer: While we realize precautions will be taken for the safety of students, and staff administering the testing have received training on safe and proper test administration, please understand that neither the test administrator nor Little Lamb, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself, as a result of agreeing to the test.

_____ Yes, I voluntarily agree to this testing for COVID-19 for the above-named child.

_____ No, I would like to opt out of this testing for COVID-19 for the above-named child.

Signature of Parent/Guardian: _____

Date: _____