

Letter to Authorize Parental/Guardian Consent for a minor to be brought for COVID testing

I, _____, _____, _____
(parent/guardian full name) (date of birth) (parents/guardian Tel#)

authorize _____,
(authorized person's full name) (authorized person's date of birth)

to bring my child to get tested for Covid 19.

He/she is the minor's _____.
(relationship to minor)

My child is _____,
(minors full name) (date of birth)

Signature: _____ Date: _____

Instructions:

1. Print clearly and use full legal name for patient/parent/guardian/authorized person.
2. Email completed and signed form to screening@lawrencegeneral.org
3. Authorized person must bring photo ID that matches name & DOB on this form when bringing the minor for testing

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Yo, _____, _____, _____
(nombre del padre/guardián) (fecha de nacimiento) (numero de telefono)

autorizo a _____, _____
(nombre de persona que trae el menor) (fecha de nacimiento)

quien es el _____
(relación con el menor)

de _____, _____
(nombre del menor) (fecha de nacimiento)

para hacerse la prueba De Covid 19.

Firma: _____ Fecha: _____

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