

COVID-19 Testing Consent Form (For a Minor)

I understand that Andrews University requires a signed consent for COVID-19 testing. As the parent or legal guardian of a minor student, I understand that my written consent is required before my minor child can be tested.

By signing below, I, the parent or legal guardian of _____, do hereby give my consent to Andrews University and/or its contractors to administer COVID-19 testing to my child, one or more times, as deemed necessary or advisable by the University during the Effective Period.

I understand that the COVID-19 test results will be sent directly to my child but that, upon request, Campus and Student Life will provide a copy of those results to me. In the event that my child tests positive for COVID-19, I will be contacted immediately to arrange for the care and treatment of my child.

This consent is effective from Tuesday, January 5, 2021 to Tuesday, June 1, 2021.

Signature of Parent or Legal Guardian

Date

Student's Andrews University ID #