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 #