

COVID-19 Testing: Informed Consent

Please carefully read and sign the following Informed Consent:

1. I voluntarily consent and authorize GCS nurses to conduct collection and testing for COVID-19 through a nasal swab as standing orders by our authorized medical director for symptomatic individuals or those whom we felt may have been in close contact with a positive individual.
2. I authorize the test results to be disclosed to the county, state or to any other governmental entity as may be required by law.
3. I acknowledge that a positive test result is an indication that I or my child must isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.
4. I understand this testing site is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to the test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if the condition worsens.
5. I understand that, as with any medical test, there is potential for a false positive or false negative COVID-19 test results.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. 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. I voluntarily agree to this testing for COVID-19.

Date

Staff

Student

First Name

Last Name

Signature of staff, parent or guardian

Nurse Signature