



## Consent Form for Minors Undergoing COVID-19 Testing

For Center-Based Schools

As the parent or legal guardian of the minor child named below, I authorize my minor child to participate in the LynxDx COVID-19 testing program in collaboration with Detroit Public Schools Community District. I consent for my minor child to participate in present and future testing. I understand that I may withdraw my consent for my minor child to participate in testing at any time.

I understand that my minor child will be asked to provide a saliva sample or an anterior (lower nostril) nasal swab sample to be processed through molecular PCR testing to detect the presence or absence of SARS-CoV-2. I authorize the collection of a saliva sample or an interior (lower nostril) nasal swab sample from my minor child. I understand that, to ensure public health and safety and to control the spread of COVID-19, my minor child's test results will be disclosed to: (i) Detroit Public Schools Community District; and (ii) the appropriate public health authorities as required by law. My minor child's test result will not be disclosed to any other parties without my authorization. I understand that I may be contacted by my minor child's school and/or public health authorities regarding my child's test result.

Furthermore, I understand the potential risks of this procedure include the potential for false positive or false negative test results to occur, as with any medical test.

Potential benefits include:

- The result can help you make informed decisions about your child's care.
- The result of this test may help limit the spread of COVID-19 to your family, community and school.

LynxDx does not provide any medical services or medical advice. If you are experiencing a medical emergency, immediately call your healthcare provider or 911. LynxDx WILL NOT forward your results to your healthcare provider. You should not make medical decisions without consulting with a healthcare provider.

I have been given the opportunity to ask questions before I sign. I agree to receive my child's results via text message and/or email and authorize LynxDx to send my minor child their result via text message and/or email.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Results will be sent to the phone number and/or email provided above.**