



## Boise State COVID Testing Center

### Consent to Test Minor Patient-Without Parent/Legal Guardian Present

Any child under the age of 14 years old cannot be tested at the Boise State Public Health Testing Center without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf.

**Minor's name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child below:

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

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**Authorization:** I (parent/legal guardian name) \_\_\_\_\_ request and authorize Boise State Public Health Testing Center and its personnel to test my child for infectious diseases. I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service, if applicable. I understand that my child may return to test with **only** the adult(s) I have listed above unless a new, updated form is presented. The testing process includes patient check-in with verification of protected health information, sample collection (child saliva test or anterior nasal swab test), and assistance with sample collection, if necessary. The Boise State Public Health Testing Center does not provide medical treatment for any symptoms or illnesses, only testing for COVID-19 and/or Influenza A&B. I have read and understand this information and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

**Parent or legal guardian name (please print):** \_\_\_\_\_

**Parent or legal guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_