



Authorization and Consent for COVID-19 Testing of Minor

Form to be completed by parent or legal guardian of student less than 18 years of age who is seeking COVID-19 testing at the University of Illinois at Urbana-Champaign.

As the parent/legal guardian of a minor student (“Student”), I give my express consent and authorize the University of Illinois (“University”) to test Student for COVID-19. I understand that the University will collect a saliva sample from Student and will test the sample for the COVID-19 virus using a Molecular Laboratory Developed Test (“LDT”). The University is pursuing Emergency Use Authorization for the LDT through the U.S. Food and Drug Administration.

I understand that potential benefits of the test are that the results can help Student, Student’s healthcare provider, and me make informed decisions about Student’s care and may help limit the spread of COVID-19. I understand that potential risks include the possibility of incorrect test results due to false positives or false negatives. I understand that additional resources related to COVID-19 are available at <https://covid19.illinois.edu>.

This authorization and consent is valid until either I revoke it in writing, or until the authorization and consent is no longer necessary under the law, whichever comes first. I have the legal authority, based on my relationship to Student, to consent to and to authorize administration of this test for the Student.

Student’s Name: _____

Student’s Date of Birth: _____

Student’s UIN: _____

Signature (Parent/Legal Guardian)

Date

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Phone Number

Parent/Legal Guardian Alternate Phone Number