



Authorization and Consent for COVID-19 Testing of Adult

To be completed by individual adult, 18 years of age and older, seeking COVID- 19 testing.

As an individual adult, 18 years and older (“Adult”), I hereby authorize and give my express consent to OSPREY Camp Staff to be tested for COVID-19. I understand that a nasal specimen will be collected from me and tested for COVID-19 using an over-the-counter antigen test.

I further authorize my test results to be disclosed to authorized representatives at their respective camp and to any applicable county, state, or other governmental entity as may be required by law and understand that such disclosure will also be made consistent with applicable law.

I understand that potential benefits include the testing results can help my healthcare provider make informed recommendations about my care and may help limit the spread of COVID-19.

This authorization and consent are valid until revoked in writing or are no longer necessary under the law. I have the legal authority to consent to this test administration for myself.

Adult’s Full Name (please print) _____

Signature of Adult _____

Adult’s Phone Number _____

Date _____