



Authorization and Consent for COVID-19 Testing of Minor

To be completed by parent or legal guardian of camper and/or mentor less than 18 years of age seeking COVID- 19 testing.

As the parent/legal guardian of a minor camper or mentor (“Camper” or “Mentor”), I hereby authorize and give my express consent to OSPREY Camp Staff and/or delegates on their behalf (Ex: teachers, district/parent volunteers, principals, etc.) for Camper and/or Mentor to be tested for COVID-19. I understand that a nasal specimen will be collected from Camper and/or Mentor and tested for COVID-19 using an over-the-counter antigen test.

I further authorize Camper and/or Mentor’s 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 me and Camper and/or Mentor’s healthcare provider make informed recommendations about Camper and/or Mentor’s care and may help limit the spread of COVID-19.

This authorization and consent are valid until revoked in writing by the parent or legal guardian or is no longer necessary under the law. I have the legal authority, based on my relationship to Camper and/or Mentor, to consent to this test administration for the Camper and/or Mentor.

Camper/Mentor’s Full Name (please print): _____

Camper/Mentor’s Date of Birth: _____

Parent/Legal Guardian Full Name (please print)

Date

Signature (Parent/Legal Guardian)

Parent/Legal Guardian Phone Number (most accessible)