

CONSENT TO COVID TEST FOR MINOR CHILDREN

I, _____, parent or legal guardian of
_____ born, _____, do
hereby give consent to Dougherty Pharmacy for my child to complete a COVID-19
nasal swab test. I/We additionally allow test results to be released to the school at
their discretion.

Parent/Guardian Name (please print): _____

Work/Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____ 20__.

Address: _____

City, State _____

Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____