



# Premier Medical Group USA

## INFORMED CONSENT FOR COVID-19 TESTING

### Santa Fe Indian School

Please carefully read and sign the following Informed Consent:

I, \_\_\_\_\_ authorize (Premier Medical Group) to conduct collection and testing for COVID-19 through a Nasal swab, using Rapid PCR or Lab Base PCR or Rapid BD Veritor or BD Veritor Triplex which includes testing for COVID-19 & Influenza A+B.

I authorize my child's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.

I understand that Public Health authorities may contact me directly should my child test positive.

I acknowledge that a positive test result is an indication that I must self-isolate my child to avoid infecting others.

I understand the (PMG) testing unit is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results.

I agree that I will seek medical advice, care, and treatment from my medical provider if I have questions or concerns, or if my child's condition worsens.

I understand with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, \_\_\_\_\_ the undersigned, have been informed about the test purpose, procedures, possible benefits, and risks. I have been offered a copy of this Informed Consent.

I have been informed that I can ask questions at any time by calling Marcos Berry at (505) 913-0456.

I would like to receive a copy of the Informed Consent.

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_