

## HH COVID-19 Testing Consent

### Minor's Information

Minor's Name (Last,First,Middle)

\_\_\_\_\_

Minor's DOB (MM/DD/YYYY) \_\_\_\_\_

Preferred Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

Minor's Address \_\_\_\_\_

I authorize that a test sample be taken for COVID-19 as ordered by the authorizing provider (or my child's or legal dependent's physician or authorized healthcare provider). I do hereby consent to any physician or health care provider or authorized provider examining or testing my minor child to use or disclose protected health information for reporting purposes.

### SECTION BELOW TO BE COMPLETED BY PARENT/GUARDIAN FOR CHILD UNDER 18

I, \_\_\_\_\_, have the following relationship with the person above:

Please circle: Father Mother Stepfather Stepmother Court ordered legal guardian

I have the legal authority, based on the relationship to the child as indicated above pursuant to Neb. Rev. Stat. § 30-2613(1)(c). to consent to this test administration for the child named above.

Beyond parents, and those to whom authority has been delegated under a properly executed power of attorney, health care providers may assume that no other party has the authority to authorize health care treatment for a minor. The primary exception to this rule is where a court has awarded legal custody to another party as a guardian of the minor pursuant to the minor's best interest. Any court-appointed guardian has the power to authorize medical care and treatment for the minor. Neb. Rev. Stat. § 30-2613(1)(c).

Parent, or Guardian, Signature: \_\_\_\_\_

Date \_\_\_\_\_