



Registration for COVID-19 Surveillance Testing

The information provided below will be used to identify your child’s record which will be stored in the University of Denver Health & Counseling Center HIPAA-compliant database and reported to the state with test results as required by law.

Child’s First Name	Child’s Last Name	Child’s Date of Birth
Parent/Guardian Email Address		Parent/Guardian Mobile Phone
Child’s Biological Sex Male Female Other		
Local Address		
City	State	Zip Code

Please carefully read and sign the following informed consent:

- I authorize the COVID-19 testing unit to conduct collection and testing of COVID-19 on my child through a self-collected salivary sample.
- I understand that my child’s personal information and sample are to be analyzed by a lab on campus and my child’s results will be disclosed to the University, county, state or any other government entity as required by law.
- I understand this consent is for testing only and the testing unit is not acting as my child’s medical provider. This test 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. Although the testing unit is not my child’s medical provider, I understand that the testing unit follows the Health and Counseling Centers Notice of Privacy Practices for confidentiality of health records, which is available [here](#).
- I acknowledge that a positive test results is an indication that my child must self-isolate as directed in the effort to avoid infecting others.
- I agree to seek medical advice, care and treatment from my child’s medical provider if I have questions or concerns.
- I understand that as with any medical test, there is the potential for false positive or a false negative.

By signing this registration process for COVID-19 testing, I acknowledge that I have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign and I have been told I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my child.

Printed name of parent/guardian

Signature of parent/guardian

Date

Printed name of child