



BinaxNOW Opt-in - To be completed by Parent/Guardian

Parent/Guardian Information	
All sections required – please print clearly	
Parent/Guardian Print Name:	
Parent/Guardian Home Address:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	
Best way to contact you:	
Child/Student Information	
All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child/Student Home Address:	

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection using BinaxNOW (nasal swab).

ONLY ORIGINAL SIGNATURES ACCEPTED – NO COPIES OR SCANS

Signature of Parent/Guardian:	Date:
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