

CONSENT FORM FOR A MINOR TO BE SWABBED FOR COVID-19 IN THE ABSENCE OF HIS/HER ACCOMPANYING LEGAL GUARDIAN

I/We, parent/s/legal guardian/s

Father's Name and Surname _____ I.D. _____

Mobile: _____

Mother's Name and Surname _____ I.D. _____

Mobile: _____

of (name of minor) _____,

I.D. (of minor) _____ born on (DOB of minor) _____

having an appointment for swabbing on (date of appointment) _____

(time of appointment) _____ at the Testing Centre of _____.

give my/our consent SOLELY to the individual listed in Table 1 below, to take my/our child to the COVID-19 Swabbing Centre mentioned above. I/We give consent for the COVID-19 swab test to be performed on my/our child, only in the presence of the individual listed in Table 1 below.

I/We ensure that the information provided by me/us, in this form, is correct and that the authorised person/s in Table 1, has accepted full responsibility of my/our child.

I/We are aware that the person/s accompanying my/our child (authorised person) may be required to assist the healthcare worker in taking the swab.

Table 1: Details of the person, older than 18 years of age, who has been authorised to accompany my/our child for the COVID-19 swabbing test (a copy of the said person's ID card, from both sides, needs to be attached to this form)

Name & Surname of the adult accompanying the child	Relation of the accompanying adult to the child	I.D. Number of the accompanying adult	Mobile Number of the accompanying adult

I/WE COMMIT MYSELF/OURSELVES, THAT IN THE INTEREST OF MY/OUR CHILD, I/WE SHALL NOT SEND OTHER PERSONS OTHER THAN THE ONES LISTED ABOVE, IN ORDER TO ACCOMPANY MY/OUR CHILD TO THE COVID-19 SWABBING CENTRE AND I/WE AM/ARE SURE THAT HEALTHCARE PROFESSIONALS

THE OFFICIAL PERMISSION IS VALID FOR ONE MONTH FROM THE SIGNING OF THIS DOCUMENT

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ACCOMPANYING LEGAL GUARDIAN**

AND ADMINISTRATIVE STAFF WILL NOT ACCEPT ANY OTHER PERSON OTHER THAN THE ONE LISTED IN TABLE 1.

Separated parents should both agree on the selected persons who can accompany their child. In the case of shared custody, it is the responsibility of the parent who is signing this consent form to inform the other parent. In the case where the court granted custody to only one parent, only the signature of that parent will be accepted.

Court documents (and not just a Lawyer's letter) shall supersede this arrangement.

Date: _____

FATHER'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____

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DOCUMENT