

Fond du Lac Head Start Programs
COVID-19 Testing Consent Form

Child's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Telephone Number: _____

Allergies: _____

Health Issues: _____

I give Fond du Lac Head Start Programs permission to perform a COVID-19 diagnostic test as recommended on the above listed child. By signing this form, I also grant Fond du Lac Head Start Programs permission to report the COVID-19 test result to the Minnesota Department of Health within 24 hours as required by law.

Parent/Guardian Signature: _____

Date: _____