



Authorization to Administer COVID-19 Test in Absences of Parent/Legal Guardian

I, _____, _____
(Parent/Legal Guardian Name) (Relationship to child)

To the J&K Healthy Choice and its affiliates

I GIVE CONSENT for the child named at the top of this form to get a COVID-19 Test and reviewed and agree to the information.

Name of the Child (Last, First) _____

Child's Date of Birth _____ Age _____

Signature Date _____

Address _____

Phone Number _____

___ I am an emancipated or self-sufficient minor or married or previously married.

(If you check this box, you may be asked to attest to this)

Signature of Parent/Legal Guardian

3400 chapel Hill Road
Suite 324
Douglasville, GA 30135