

CONSENT TO TEST FOR COVID-19 at the Maria Montessori School

The City of Memphis is providing trained contractors to administer PCR nasal swab tests to check for infection by and/or exposure to the COVID-19 virus ("COVID tests") to employees and students of Maria Montessori School ("School"). The COVID tests will be provided by Poplar Healthcare.

I, the undersigned, give permission for trained contractors provided by the City of Memphis to perform COVID tests on me / my child, at the discretion of the School. I understand that the COVID tests will be transported to a laboratory qualified to process the COVID tests and provide results in a timely manner. I further understand and acknowledge that the results of the COVID test will dictate whether me/my child is required to stay home from school for a period of time consistent with the School's policies, the Shelby County Health Department, and/or other applicable regulatory body, including the possibility that me/my child may be required to stay home if I/she has been in contact with another individual who has tested positive even if me/my child tests negative.

I agree and acknowledge that the City of Memphis and Maria Montessori School, their employees, associates, volunteers, agents, successors, personnel and/or contractors will have no liability whatsoever for any claims, damages, demands, judgments and loss, including but not limited to illness, injury, and/or death, arising from or otherwise related to COVID testing and/or subsequent actions taken by the School in response to me/my child's test results or the test results of any child with whom me/my child has been in contact.

Student Name (printed): _____ Environment: _____

Testing Dates at Maria Montessori School

Please indicate the upcoming dates you would like your child to be tested for COVID-19 and return with payment enclosed (\$30.00 per test). These tests will be administered by the staff from *Test to Protect* from 2:00-4:00 onsite during the school day.

_____ October 13

_____ October 26

Please indicate if any additional family members plan to be tested from 3:30-4:00:

Number: _____ Name(s): _____ Test Date: _____

Total amount enclosed: _____

Please return to the school with your child by Friday, October 9th.

Parent/Guardian

Name: _____
(Print Name)

Date: _____

*Future Dates: November 9, December 1, December 14, January 4**

*awaiting confirmation from program