



CONSENT TO COVID-19 TESTING
Under Age 18 Form

Children's Hospital Los Angeles (CHLA) is offering SARS-CoV-2 (also referred to as "COVID-19") viral testing and serology (or antibody) testing. Viral testing and serology testing are not designed for treatment. CHLA is utilizing viral testing as an optional component of its COVID-19 screening program.

I understand that any COVID-19 testing, including the tests used by CHLA, have the potential for to return a false positive or false negative result. I understand that, whether I test positive or negative, no matter which type of test, I should take measures to protect myself and others from infection and transmission. Viral testing only reveals if the virus is currently present in an individual's body; a negative viral test is not a clean bill of health and does not mean you may not acquire the virus later.

I understand that I am not creating a patient relationship with CHLA by undergoing viral testing and/or serology testing and accessing these result(s). Testing does not replace independent evaluation and treatment by my medical provider. I assume complete and full responsibility for taking appropriate action with regards to my test results.

By signing below, I acknowledge, understand, and agree to the following:

- I consent to COVID-19 Testing administered by CHLA.
- I was offered and/or provided with a copy of CHLA's Notice of Privacy Practices.
- I will hold harmless CHLA including, but not limited to, its employees, agents, and contractors from any and all liability and claims.
- My consent to COVID-19 Testing, and the above hold harmless provision, apply to this COVID-19 test(s) and any and all future COVID-19 tests administered by CHLA.
- My signature to this Consent is voluntary, and I intend to be legally bound by its terms.

Signature (Parent/Guardian)

Printed Name (Parent/Guardian) Date

If signed by other than the individual receiving the COVID-19 test(s):

Name of Person Tested: _____

Relationship to Person Tested: _____