

Consent form

for taking a swab for the test on the coronavirus SARS-CoV-2 on minors

As a parent or legal guardian, I hereby declare
that I am consent with the SARS-CoV-2 test on my minor.

Name of the minor to be tested

Date of birth

Adress

Telephone number of a parent or legal guardian

E-mail of a parent or legal guardian

Place and date

Name, first name **(in block letters)**
of a parent or legal guardian

.....
Signature

Place and date

if applicable name, first name
(in block letters)
of a second parent or legal guardian

.....
Signature