



Parental consent to test minor for COVID-19

Minor's Name

Date of Birth

Parent Name

Phone Number

As a parent or a legal guardian of the above named minor, I hereby consent for my child to be tested for COVID-19 by Front Porch Pediatrics, PLLC. I understand that if my child tests positive for COVID-19, I will be contacted directly by the Aspire Volleyball Club.

Parent signature

Date

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