

Student's Last name: _____

Student's First Name: _____

Consent to Medical Testing & Release of Information

On behalf of my child, a student at the University of Maryland, College Park's Maryland Fire and Rescue Institute (MFRI), I consent to diagnostic and therapeutic procedures as may be deemed necessary including the administration of a COVID-19 test. Further, I authorize the release of personally identifiable information in order to perform such procedures.

I understand that the records to be disclosed include my child's social security number, race, ethnicity, date of birth and gender from their records. I acknowledge that the purpose of the disclosure is to facilitate the administration of a COVID-19 test.

Further, I understand that the personally identifiable information will be disclosed by MFRI to the University of Maryland, Baltimore (UMB), University of Maryland Medical System (UMMS), University of Maryland, Pathology Associates, P.A. (UMPA), and federal, state and local authorities, as required by law.

By signing below, I consent to medical testing and agree to this release of information.

_____, 2020
Parent Signature

Parent's Printed Name