



## West Northfield School District 31 COVID-19 Testing Opt-Out

*To be completed by a parent/guardian*

<b>Parent/Guardian Information</b>	
All sections required – please print clearly	
Parent/Guardian Print Name:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	
<b>Child/Student Information</b>	
All sections required – please print clearly	
Child/Student Print Name:	
Child/Student School:	
Child/Student Grade:	

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I DO NOT consent for my child to be tested for COVID-19 infection.

ONLY ORIGINAL SIGNATURES ACCEPTED – NO COPIES OR SCANS

Name of  
Parent/Guardian \_\_\_\_\_  
\_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_