PLEASE PRINT CLEAR AND LEGIBLE

Dear Parent /Guardian or Staff,

One Love Laboratory provides voluntary COVID-19 Testing. It is required that the lab collect demographic information to process all tests. If you would like to be included in this voluntary program, please complete **ALL** of the sections below and return the signed form.

Name_____

Date of Birth_____Student Grade (K-12) _____

School _____

Address_____

City_____State_____Zip _____

Health Insurance Company _____

Member ID / Policy Number (***must provide***) _____

Gender_____ Ethnicity _____

Email ***(required)***:_____

Please sign the consent below:

I,_____, give permission for **GUILFORD COUNTY SCHOOLS** to have access to the resultsof my PCR COVID Test. I agree and authorize that the cost of this test will be charged to my current insurance provider and I will incur no cost for this test. I also understand that if I do not have insurance or if this service is not covered by my insurance provider, the cost of the test will be covered through the CARES ACT. I can be contacted at (*cell phone)*_____and *(email address)*_____for automated text messages and emails regarding test results.

Signed:_____Date: _____

Thank you,

One Love/PHD Laboratories
4922 Albemarle Road
Charlotte, NC 28205
llyons@oneloveservices.com