



## COVID-19 antigen test authorization form

As a condition of enrollment, I authorize staff members of Le Soleil Child Care, LLC to administer a rapid antigen test for COVID-19 to my child of 2 years or older as allowed by the FDA Emergency Use Authorization for the test. I recognize that the responsibility for any required reporting of test results, quarantine or isolation, or other consequences of the test result as laid out on [www.lesoleil.school/covid-policy](http://www.lesoleil.school/covid-policy) will be solely my responsibility. Le Soleil Child Care, LLC, its staff, and its volunteers are in no way responsible for any costs or damages related to medical treatment for my child stemming from this testing or any illness. I recognize that I may waive this authorization only by removing my child from the premises within 30 minutes of notification through the brightwheel® app, text message, and/or telephone call.

\_\_\_\_\_  
Child name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian name

\_\_\_\_\_  
Guardian signature