



### In-School PCR Test Consent Form

Student name: \_\_\_\_\_  
Student EID : \_\_\_\_\_  
School Registration ID No : \_\_\_\_\_  
School name: \_\_\_\_\_

I, the undersigned\*, \_\_\_\_\_, declare the following:

- That I consent for my child to undergo the COVID-19 PCR testing on the school's premises as administered by a qualified DOH-licensed personnel.
- That I absolve the Abu Dhabi Department of Education and Knowledge, Abu Dhabi Department of Health, and the school of any implications of my decision to consent to my child's onsite PCR testing.
- That I have no objection to the release of my child's results to the school and relevant official authorities.

TO BE FILLED ONLY BY A PARENT OF A STUDENT AGED BELOW 12 AND/OR A STUDENT OF DETERMINATION.

I consent to the following PCR testing method:

Nasal

Saliva

Signature	
Name of Parent/Legal Guardian	
Mobile number (where the result will be sent)	
Date	

\*To be signed by the legal guardian/parent of all students below the age of 21.

Students who do not have consent from their parent/legal guardian will not be eligible to get tested for the in-school PCR testing.