

**Consent for COVID Testing
Through Atlantic Health System
At Camp No-Be-Bo-Sco**

I give consent to have my child tested mid-week at Camp No-Be-Bo-Sco for COVID-19, as required by the State of New Jersey. The test will be the PCR nasal swab, conducted by Atlantic Health System at the camp.

NAME OF PERSON BEING TESTED

DATE OF BIRTH – MM/DD/YY

SIGNATURE OF PATIENT IF 18 OR OLDER

DATE

SIGNATURE OF GUARDIAN IF UNDER 18

DATE

PRINTED NAME OF PERSON SIGNING

RELATIONSHIP