

**MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH
CONSENT FORM**

I _____ give Maricopa County Department of Public Health, Office of Epidemiology, or agents thereof, permission to collect

stool specimen (s), or

blood specimen (s), or

swab of the nose and throat for the purpose of _____.

I understand that this service is free of charge to me.

Child's Name

Date

Parent/Guardian's name print

Date

Parent/Guardian signature

Date

Signature of adult receiving test

Date

Witness

Date

