**COVID-19 Parental Consent Form   
(print on child care facility/program letterhead)**

I confirm that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/legal guardian of

*(Print parent/guardian name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Enrolled Child Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Enrolled Child Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Enrolled Child Date of Birth

I hereby consent to allow [INSERT NAME OF CHILD CARE PROGRAM] to share with the New Mexico Department of Health my child’s name, date of birth and the fact that my child attends this facility/program only for the purpose of testing and contact tracing and to limit and control the spread of COVID-19 in our communities.

*(Please initial)* \_\_\_\_\_Consent \_\_\_\_\_Decline

I hereby consent to allow DOH to conduct contact tracing *(Please initial)*  \_\_\_\_\_ Consent \_\_\_\_\_\_ Decline

I hereby consent to have my child tested in the next 48 hours\* *(Please initial)* \_\_\_\_\_ Consent \_\_\_\_\_\_Decline

*You have the right to decline this authorization, and your child will not be disenrolled from this program. However, due to our Health Emergency Procedures, if your child was a close contact with the positive case they will not be allowed to attend this child care facility or any other child care facility for 14 days from the last date of contact with the positive case.*

I acknowledge that if my child was a close contact to the positive case, my child must be excluded from this *facility and any other child care facility for a 14-day quarantine period (please initial)* \_\_\_\_\_\_.

Name: *(please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child(ren)*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Mobile Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_