

# COVID Test Pick Up Form

Your name: \_\_\_\_\_  
Last name, first name

Child's name: \_\_\_\_\_ School: \_\_\_\_\_  
Last name, first name

Child's name: \_\_\_\_\_ School: \_\_\_\_\_  
Last name, first name

Child's name: \_\_\_\_\_ School: \_\_\_\_\_  
Last name, first name

Child's name: \_\_\_\_\_ School: \_\_\_\_\_  
Last name, first name

Child's name: \_\_\_\_\_ School: \_\_\_\_\_  
Last name, first name

Child's name: \_\_\_\_\_ School: \_\_\_\_\_  
Last name, first name