

PARENTAL CONSENT FORM
(Parents of all minors must sign this document.)

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ, ACCEPTED, AND AGREED TO BE BOUND BY THIS CONSENT. IF YOU DO NOT SIGN THE MINOR WILL NOT BE ABLE TO USE OR RECEIVE THE SERVICES. Parents of all minors

This Consent is in connection with services provided by PWNHealth, LLC (the administrative services provider of the professional entities), PWN Remote Care Services, PW Medical Professional and certain other affiliated professional entities (collectively, "PWNHealth", "we" or "us") relating to physician oversight of diagnostic testing for COVID-19 or Antibody ("Tests"), including, without limitation, evaluation of the test request, ordering of Tests (if appropriate), receipt of Test results ("Results"), consultations via telemedicine with physicians or healthcare providers ("Consults"), customer support and any other related services provided by PWN or its service providers and partners (the "PWNHealth Services").

I confirm that I am the parent or legal guardian of the individual providing the sample for testing and receiving the PWNHealth Services (the "Minor").

I consent to the Minor providing a sample for the Test, if ordered by a physician, and to receive the related PWNHealth Services, as further described in the separate Informed Consent provided to me.

I confirm that the Minor is under the care of a pediatrician or other personal physician or has access to medical treatment.

I understand that I am responsible for forwarding any results to such physician and for initiating follow up with such physician for care, diagnosis or medical treatment.

I will not make medical decisions for the Minor without consulting a healthcare provider or disregard medical advice from my healthcare provider or delay seeking such advice based on information as a result of the use of the PWNHealth Services.

If the Minor is a boarding school student, I understand that I will receive an alert call at the contact information I provided if the Minor's results are positive and that test results will be sent to the boarding school.

If the Minor who is a student is between the ages of 16 and 18, I consent to the Minor receiving the PWNHealth Services directly without my presence, including, without limitation, providing information, receiving Test results directly and receiving any Consult from a PWNHealth physician.

Signature of Parent/Guardian #1: _____ Date: _____

Print Full Name of Parent/Guardian #1: _____

Print Full Name of Student: _____