

# PARENT/ STUDENT CONSENT FORM

## Mass Asymptomatic Lateral Flow Testing for Coronavirus/Covid-19

Please discuss this form with your child, then complete this form and return it to school by ..... **2020**. If we do not receive this completed form and recorded consent, your child will not be tested.

Students full name (first name and surname):	Home address and postcode:	
Date of birth:	School year:	School form:

<b>Please complete either box below for YES or NO and return the form to the school.</b>	
<b>YES</b> , I give consent to be tested for Coronavirus/ Covid-19	<b>NO</b> , I do not give consent to be tested for Coronavirus/ Covid-19
Name	Name
Signature	Signature
Date	Date
Any comments:	