



PS/EK

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 Monday 16th November 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:

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

Please return to your child's form teacher or email consent form to info@beck.uk.com