**Parental Consent Form**

Please complete this form, to enable us to provide your child with a lateral flow test, as required by NHS England, and return to [office@bluecoatmeres.co.uk](mailto:office@bluecoatmeres.co.uk) by Monday, 4 January 2021

|  |  |
| --- | --- |
| Name of Child |  |
| Year Group |  |
| Name of Parent/Carer |  |
| Contact Details of Parent/Carer |  |
| I give consent for my child to be given a lateral flow test when necessary | Yes/No |