**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 by Monday, 4 January 2021

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| --- | --- |
| 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 |