



CONSENT FORM FOR ASYMPTOMATIC PCR TESTING

Dear Parent/Carer

We are inviting your child for asymptomatic COVID screening at school using a PCR test. The testing will be carried out at the school on the week commencing 14th June.

Please complete this form **online and return a signed copy** to school This should be returned no later than Friday 11th 2021 for your child to be included in the testing.

Completed by (name)			
Relationship to child		Date completed	
Personal details of the child invited for screening			
First name		Surname	
Date of Birth		Sex	<input type="checkbox"/> Male <input type="checkbox"/> female
Contact no.			
Email address			

Give Consent

I consent toin year.....to participate in the asymptomatic testing by PCR at St Marks Academy.

Signature

Date

Print Name

Withdraw Consent

I do not consent toin year.....to participate in the asymptomatic testing by PCR at St Marks Academy.

Signature

Date

Print Name