



# CANNOCK CHASE HIGH SCHOOL

A C H I E V E M E N T F O R A L L

## Covid-19 Lateral Flow Testing Consent Form

Please complete all sections of this form and the student is then to bring it when they attend for testing.

<b>First Name of Participant</b>	
<b>Last Name of Participant</b>	
<b>Tutor Group</b>	
<b>Date of Birth</b>	
<b>Gender at Birth</b> (male/female) This information is needed for Department for Health and Social Care research purposes.	
<b>Ethnicity</b> This information is needed for Department for Health and Social Care research purposes.	
<b>Currently showing any COVID-19 symptoms?</b>	
<b>First Line of Address</b>	
<b>Home Postcode</b>	
<b>Email Address</b> ( <i>optional</i> )	
<b>Mobile Number</b> – This is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number.	
<b>Name of parent/guardian giving consent (if applicable)</b>	
<b>Relationship to test subject (if applicable)</b>	
<b>Signature</b>	
<b>Today's date</b>	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	