**Consent form for COVID-19 testing**

**Terms of consent**

1. I confirm that I consent to home testing for my child and have been given the opportunity to ask any questions.

2. I confirm that I have been provided with a box of lateral flow test testing kits with the intention that I test my child at home twice weekly - on Sundays and Wednesdays.

3. I understand that these tests are only for use on my child and need to be stored indoors.

4. I confirm that I have been provided with an up-to-date copy of the testing instructions and that I will read them thoroughly before attempting to use the lateral flow test equipment.

5. I agree that if my test results are confirmed to be positive from this lateral flow test, I will report this immediately to Hazel Banks on **07495078725** and I understand that my child will be required to self-isolate following public health advice.

6. I agree that I will report my result to the NHS following the instructions on page 15 of the booklet.

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| **First Name of child** |  |
| **Last Name of child** |  |
| **Lot Number of testing kit** |  |
| **Name of parent** |  |
| **Signature of parent** |  |
| **Today’s date** |  |