**COVID-19 CONSENT FORM**

Please bring this with you when you are being tested.

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| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Year group (if applicable)** |  |
| **Date of Birth** |  |
| **Gender** – this information is needed for Department for Health and Social Care research purposes. | Male/Female  |
| **Ethnicity -** this information is needed for Department for Health and Social Care research purposes. | Asian or Asian British  Black, African, Black British or CaribbeanMixed or multiple ethnic groups WhitePrefer not to say  |
| **Currently showing any COVID-19 symptoms?**  |  |
| **Home Postcode** |  |
| **Email Address** – this is where test results will be sent |  |
| **Mobile Number** – 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. |  |
| **Name of parent/guardian giving consent** |  |
| **Relationship to test subject** |  |
| **Signature** (typing out your name is sufficient if you are filling in this form digitally) |  |
| **Today’s date** |  |
| Details of any health or accessibility issues which might affect a child’s safe participation in the testing exercise.   |  |