



The Nelson Thomlinson School
Wigton
Cumbria
CA7 9PX

...still "outstanding"
(Ofsted, May 2013)

Founded 1714

Headmaster:
Mr DS Northwood, M.A., M.Ed.

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LATERAL FLOW TESTING – CONSENT FORM

Name of Child: Form:

I hereby give permission for my child to have a COVID-19 test from January 2021 at the Nelson Thomlinson School.

I understand if my child tests positive or if the test shows an unclear result, I will need to immediately collect them from school, isolate them and make an appointment for another test at one of the NHS testing stations.

Has your child been diagnosed with any allergies - Yes/No

If yes, please state

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.....

- Testing staff will be wearing latex gloves and necessary PPE.

Name of Parent/Carer: Signature:

Date:

THIS FORM SHOULD BE RETURNED WITH YOUR CHILD ON THEIR FIRST DAY BACK IN SCHOOL IN JANUARY PLEASE

