

Lateral Flow Testing



This form should be used to say whether you **do** or **do not** choose



to take part in lateral flow testing.



I will talk to my parents/carers and staff about what the choices I am making mean.



Name:



Date:



I will make a mark in the box that describes what I want to happen



YES: I choose to take part in lateral flow testing



NO: I do not choose to take part in lateral flow testing