



Wednesday 15 December 2021

Dear Parents and Carers,

As you will be aware, the Government have issued new guidelines for schools with regard to Lateral Flow Testing in January. We will test all our pupils year 7 and above once on their return to school. The more pupils we can test the safer our students will be.

Following this initial test, we will continue to send home LFT devices to enable you to continue twice weekly testing at home.

If you are happy for your child to be tested, please return the consent form (one per pupil), which will enable us to complete the test(s) for your son / daughter, to the school office at admin@medeshamstedeacademy.org **as soon as possible**. If your son/daughter is over 16 years of age and is happy to be tested, please ask them to complete and return the consent form, having discussed participation with yourselves if they are under 18.

We will **only contact you if the result of the LFT is positive**, in which case we will request you collect your child and take them for a full PCR test.

In the meantime, I would like to take this opportunity to thank you all again for your ongoing support at this difficult time. Please do continue to take care and stay safe. I hope you have a safe and Happy Christmas.

Yours sincerely

Mr M Bentham
Interim Principal

Medeshamstede Academy is part of the Greenwood Academies Trust group of academies

The Greenwood Academies Trust is a company limited by guarantee, registered in England and Wales, registered number 06864339.

A list of Directors is available for inspection at the registered office, Greenwood House, Private Road No 2, Colwick Quays Business Park, Nottingham NG4 2JY. Further information about us is available at <http://www.greenwoodacademies.org>

Consent form for COVID-19 testing in secondary schools and colleges

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 Caribbean Mixed or multiple ethnic groups White Prefer 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.	