



**Queen Katharine  
Academy**

A proud member of



**Principal: Mrs Lynn Mayes**  
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Ref JH.JH.Yr8&Yr9

6<sup>th</sup> January 2022

Dear Parent / Carer

I wrote to you earlier in the week regarding the on-site COVID testing that we have been asked by the Government to undertake. Thank you for your support with this.

If you have not yet been able to consent, please follow the link below.

<https://forms.office.com/Pages/ResponsePage.aspx?id=nowK81Jo8E2Ms5kmm08dZpVPpb-CAklOmI9G20iXwldUNFRLMEQxSU9MS1IzMU44UUxOWEZNM1JKTi4u>

**If you have not completed a consent form on behalf of your child, please do not send your year 8 or year 9 child to school until Monday 10th January.**

If you wish for your child to take part in the testing, and cannot fill out the online form, please complete the form below and email to school ([denise.heard@qka.education](mailto:denise.heard@qka.education)) or print it for your child to bring.

We will have a member of staff in the carpark as you drop off your child who can provide you with a paper copy to sign, if neither of the above consent methods are accessible to you. In this situation, please remain in your car and put the hazard lights on. **We will approach your vehicle as soon as possible.**

**Please note that Year 8 children who are coming for morning testing should not arrive before 9am and will be directed by staff upon arrival.**

**Please note that Year 9 children who are coming for afternoon testing should not arrive before 12.30pm and will be directed by staff upon arrival.**

**Students will return home after testing.**

Thank you again for your support and we look forward to everyone being back in school on Monday.

Yours faithfully

*Jo Hammond*

Jo Hammond

Assistant Principal

I / my child consent(s) to having the lateral flow test for COVID-19*?	Yes/No* (delete as applicable)
First name of person taking test	
Last name of person taking test	
Year group	
Date of birth	
Gender on medical record	
How would you describe your ethnic background	
Postcode (that matches GP record)	
First line of your address	
Email address (where results will be sent)	
Name of person giving consent	
Signature of person giving consent	
Today's date	