



Name: _____

Date of Birth: _____

By consenting, voluntarily, to have the Samba II Sars-COV-2 test, I understand that:

- If I test positive, I agree to self-isolate and contact my GP/111 for further advice as this is a notifiable disease
- The test requires a nose and throat swab sample
- The test takes 90 minutes to return a result and I agree to remain (at nominated location) until the medical professional has issued the result and given appropriate advice
- I agree to the cost of £80 for the test to be added to the school bill.

I have read and understood the information given to me above and consent to having the Samba II Sars-COV-2 test:

Signature: _____

Print name: _____

Date: _____