We hope that this form is relatively easy to understand. The information we are asking for is essential in order for us to complete the test for your child. If you would like us to explain anything better, please get in touch with us.

There are two tests referred to below;

* **Lateral Flow Test** – a self-swab by students overseen by an individual member of staff in school. Results ready in 30 minutes.
* **PCR Test** – the standard test that is carried out in test centres or at home that you are already familiar with

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

This common consent form has been designed for use by parents and guardians of students under 16 and students over 16.

**• For students younger than 16 years -** this form must be completed by the parent or legal guardian. Please complete one consent form for each child you wish to enrol.

**• Students over 16 c**an complete this form themselves, having discussed participation with their parent / guardian if under 18.

1. I have had received the letter dated January 2021 that included the Privacy Notice and a Frequently Asked Questions document.

2. In the case of under 16s, I have discussed the testing with my child and my child is happy to participate. If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.

3. I consent to my child having a nose and throat swab for a lateral flow test.

4. I consent that my child’s sample(s) will be tested for the presence of COVID-19.

5. I understand that if my child’s result(s) are **negative** on the lateral flow test I will not be contacted by the school.

6. I understand that if my child’s result(s) are **positive** on the lateral flow test I will be contacted by the school.

7. I understand that the school will communicate the results to my child.

8. I understand that I will be contacted if they are a close contact of a confirmed positive.

9. I understand that my child’s personal information and results of the lateral flow test will be recorded, held and processed by the School for the purposes of this testing. I understand that information relating to these tests will be held confidentially and will only be processed lawfully under the rules governing medical confidentiality and the Data Protection Act 2018.

10. If the lateral flow test indicates the presence of COVID-19, I consent to my child having a nose and throat swab to take home for confirmatory PCR testing, which must be completed, registered and sent off the same day.

11. I consent that they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.

12. I agree that if my child’s test results are confirmed to be positive from this PCR test, I will report this to the school and I understand that my child will be required to self-isolate following public health advice.

13. I understand that if the school is operating ‘serial testing’ where a close contact of someone in school has tested positive for COVID-19 that my child will be able to return to school if they agree to be tested once a day for 7 days and the test is negative. I also understand that if they do not want to take the test, they will need to self-isolate as per the national guidelines. I confirm that if this facility is available that they consent to such continued daily testing.

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| --- | --- |
| **First Name** | Click or tap here to enter text. |
| **Last Name** | Click or tap here to enter text. |
| **Year group (if applicable)** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **Gender** – this information is needed for Department for Health and Social Care research purposes. | Choose an item. |
| **Ethnicity -** this information is needed for Department for Health and Social Care research purposes. | Choose an item. |
| **Currently showing any COVID-19 symptoms?** | Click or tap here to enter text. |
| **Home Postcode** | Click or tap here to enter text. |
| **Email Address** – this is where test results will be sent | Click or tap here to enter text. |
| **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. | Click or tap here to enter text. |
| **Name of parent/guardian giving consent** | Click or tap here to enter text. |
| **Relationship to test subject** | Click or tap here to enter text. |
| **Signature** (typing out your name is sufficient if you are filling in this form digitally) | Click or tap here to enter text. |
| **Today’s date** | Click or tap here to enter text. |
| Details of any health or accessibility issues which might affect a child’s safe participation in the testing exercise. | Click or tap here to enter text. |