

Consent form for COVID-19 testing

Introduction

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

- **For pupils and students younger than 16 years** – this form must be read by the parent or legal guardian. One consent record for each under 16 years of age child you wish to enrol must be completed against their Parent Pay record (see below)
- **Pupils and students over 16** can complete the consent form themselves in college, having discussed participation with their parent/guardian if under 18.

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow [government guidelines to self-isolate](#), even if they have had a recent negative lateral flow test.

Terms of consent

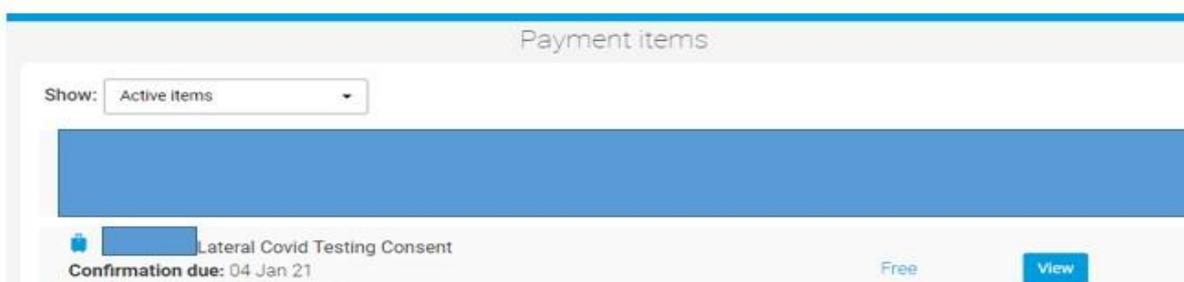
1. I have had the opportunity to consider the information provided by the school/college about the testing, based on the information presented in the letter dated [07/01/2021] and the attached Privacy Notice.
2. In the case of under 16s, I have discussed the testing with my child and my child is happy 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 having / my child having a nose and throat swab for lateral flow tests. I / my child will self-swab if I / my child is able to otherwise I understand that assistance is available. In the case of under 16s or pupils who are not able to provide informed consent, I have discussed the testing with my child and they are happy to participate and self-swab (with assistance if required).
4. I understand that there may be multiple tests required and this consent covers all tests for the below named person. If, on the day of testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.
5. I consent that my / my child's sample(s) will be tested for the presence of COVID-19.
6. I understand that if my /my child's result(s) are negative on the lateral flow test I will not be contacted by the school/college except where I am / they are a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, I consent to having / my child having a nose and throat swab for confirmatory PCR testing. I/they will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.
8. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I / my child is removed from school premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.

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

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

11. I consent that if a close contact of my child tests positive but I / my child has tested negative, I / they will continue to attend school / college but will be tested every day at school / college for 7 days.

We strongly recommend that, for the health and safety of our community, you give consent for your child to be included in the lateral flow tests and understand that data will be shared with NHS Test and Trace and other relevant agencies as required. IF this is the case, please access your Parent pay account, select this letter:



Click 'View'

Then click this box:

I consent to my child having a lateral Covid test

Finally, click 'confirm attendance'.

If you do not wish your child to take part in the lateral flow tests please do nothing i.e do not respond to this letter on Parent Pay.

Many thanks once again for your continued support.