

Consent form for COVID-19 testing

Introduction

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.

Consent relates to the following groups of students/pupils and staff as follows:

- **For pupils and 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 participate in testing.
- **Pupils and students over 16 who are able to provide informed consent** - can complete this form themselves, having discussed participation with their parent / guardian if under 18.

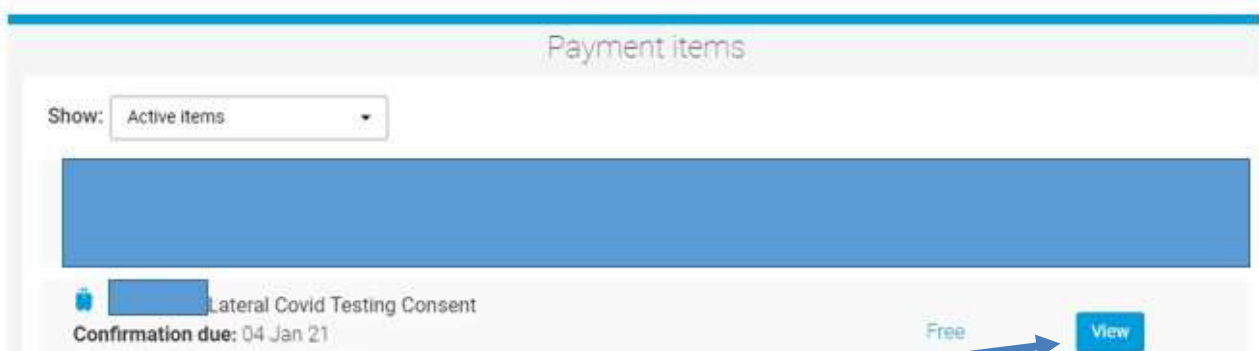
Terms of consent

1. I have had the opportunity to consider the information provided by the school/college about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 10/12/21 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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
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testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 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.
8. I understand that I / they will need to self-isolate following a positive lateral flow test result.

9. I agree that if my / my child's test results are confirmed to be positive from this lateral flow 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.

10. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with Government guidance.

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

[Confirm attendance](#) [Cancel](#)

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.