

Testing Consent Form

Paper title	Testing Consent form
Version	V1
Date	29 December 2020
Author	James Miller / Laurence Boulter / Louisa Sharpless / Jane Smith
Executive Director	James Miller

Version Control

Version	Date	Comments
1.0	29 December 2020	For comment / review

Consent form for COVID-19 testing in School

This form is based on the Department for Education's common template which has been designed for use by parents and guardians of pupils under 16; by parents and guardians of students over 16; and by staff.

- **For pupils younger than 16 years old** - this form must be completed by the parent or legal guardian. Please complete one consent form for each child you wish to enrol.
- **Students aged over 16** can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- **Staff** will complete this form themselves.

1. I have had the opportunity to consider the information provided by the academy about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 31/12/2020.

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 If, on the day of testing, they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 a lateral flow test.

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

5. I understand that if my child / my result(s) are negative on the lateral flow test I will not be contacted by the Academy except where they / you are a close contact of a confirmed positive.

6. If the lateral flow test indicates the presence of COVID-19, I consent to myself / my child having a nose and throat swab for confirmatory PCR testing, which shall be sent the same day to an NHS Test and Trace laboratory.

7. 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.

8. I agree that if my / 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.

9. I consent that if a close contact of myself / 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 for seven days.

10. I consent to the information being collected in the form being processed in accordance with the Data Protection Act UK for the purposes of health and or social care.

Consent Form

Your name (ie of parent / guardian / member of staff)	
Home postcode	
Email Address	
Mobile number	
House phone number	
Name of student / staff to be tested	
Date of birth	
Gender at birth	
Currently showing any COVID-19 symptoms? (Yes / No)	
Year group (if applicable)	
Name of parent or guardian if under 16 (print)	
Date	
Relationship to child if under 16	
Signature to confirm agreement to this consent form	
Date	