

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

**Introduction**

This consent form is for participation in tests at an ATS designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow [government guidelines to self-isolate](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection), 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.
* **For any pupil or student who does not have the capacity to provide informed consent -** 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.

**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, ParentApp and via the school website on Wednesday 25th August 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 my child having a nose and/or throat swab for lateral flow tests. My child will self-swab if 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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 child’s sample(s) will be tested for the presence of COVID-19.

6. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my child is removed from school/college premises as promptly as possible, bearing in mind they may have some anxiety following a positive test result.

7. I agree that if my child’s test results are confirmed to be positive from this lateral flow test I understand that my child will be required to self-isolate and [book a confirmatory PCR](https://www.gov.uk/get-coronavirus-test) test following public health advice.

Please ensure you visit [www.kirkbyhighschool.net](http://www.kirkbyhighschool.net) for full information regarding testing prior to completing the below consent form.

|  |  |
| --- | --- |
| **Student First Name** |  |
| **Student Surname** |  |
| **Year group** |  |
| **Date of Birth** |  |
| **Gender** – this information is needed for Department for Health and Social Care research purposes. | Male/Female |
| **Ethnicity -** this information is needed for Department for Health and Social Care research purposes. | Asian or Asian British  Black, African, Black British or Caribbean  Mixed or multiple ethnic groups  White  Prefer not to say |
| **Currently showing any COVID-19 symptoms?** |  |
| **Has your child received the COVID-19 Vaccine?** |  |
| **Home Address and Postcode** |  |
| **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. |  |
| **Name of parent/guardian giving consent** |  |
| **Relationship to Student** |  |
| **Signature** |  |
| **Today’s date** |  |
| Details of any health or accessibility issues which might affect safe participation in the testing exercise. |  |

**Your child must bring this consent form with them to their test if the electronic consent was not completed via ParentApp. Failure to do so will result in your child not being tested.**

*By completing this consent form or the electronic consent via ParentApp, I confirm that I have read all the documents regarding testing shared via the letter and on the school website.*