

Consent form for COVID-19 testing in secondary schools

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 about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter] 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 throat swab for lateral flow tests. My child will self-swab if 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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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. I understand that if my child's result(s) are negative on the lateral flow test I will not be contacted by the school except where they are a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, you will be contacted to collect your child from school.
8. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my child is collected from school premises as promptly as possible, bearing in mind they may have some anxiety following a positive test result and commences a period of self-isolation for 10 days.

Student First Name	
Student Last Name	
I give consent for my child to participate in the Lateral Flow Device Testing Programme (please tick appropriate box) If YES please complete the rest of the form.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Year Group	
Tutor Group	
Date of Birth	
Gender – this information is needed for Department for Health and Social Care research purposes. (Please circle)	Male / Female
Ethnicity - this information is needed for Department for Health and Social Care research purposes. (Please circle the appropriate Ethnicity)	Prefer not to say Bangladeshi Chinese Indian Pakistani Another Asian Background Asian or Asian British African Caribbean Another Black background Black, African, Black British or Caribbean Asian and White Black African and White Black Caribbean and White Another mixed Background Mixed or multiple Ethnic groups

	<p>British, English, Northern Irish, Scottish or Welsh</p> <p>Irish</p> <p>Irish Traveller or Gypsy</p> <p>Another white background</p> <p>White</p> <p>Arab</p> <p>Another ethnic background</p> <p>Another ethnic group</p>
Child's NHS Number (if known)	
Home Postcode	
First line of your home address	
Email Address of a contact of parent/carer with parental responsibility (to be used to communicate test results)	
Mobile Number of a contact of parent/carer with parental responsibility – this is where test results will be sent. DO NOT put a landline number – you can only receive test results to a mobile number.	
Name of parent/carer giving consent	
Relationship to test subject	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Today's date	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	