

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 as follows:

- **For 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.
- **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 on the website including the 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 students 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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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.

Student First Name	
Student Last Name	
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.	Prefer not to say					
	Asian or Asian British	Black, African, Black British or Caribbean	Mixed or multiple ethnic groups	White	Another ethnic group	
	Bangladeshi	African	Asian and White	British, English, Northern Irish, Scottish, or Welsh	Arab	
	Chinese	Caribbean	Black African and white	Irish	Another ethnic background	
	Indian	Another black background	Another mixed background	Irish Traveller or Gypsy		
	Pakistani			Another White Background		
	Another Asian background					
Home Address (including postcode)						
Currently showing any COVID-19 symptoms?						

PARENT/CARER INFORMATION FOR RECEIPT OF TEST RESULTS	
Email Address	
Mobile Telephone Number	

I CONSENT	
Name of parent/carer giving consent	
Relationship to test subject	
Signature	
Date	

Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	
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I DO NOT CONSENT	
First Student Name	
Student Last Name	
Year Group	
Date of Birth	
Reason for not consenting	