

Consent form for COVID-19 testing in secondary schools

For schools: using this form

This form has been designed to ensure that all the necessary information is collected for consent and online test subject registration purposes – therefore schools **must not remove** any of the information below.

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.
- **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 from the School sent in the week beginning 1st March 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 / 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 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 my child is removed from school premises as promptly as possible, bearing in mind 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 child's test results are confirmed to be positive from this lateral flow test, I will report this to the school 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.

Lateral Flow Device Test Consent Form

First Name	
Last Name	
Year group (if applicable)	
Date of Birth	
Gender – this information is needed for Dept Health and Social Care research purposes.	<p>Male</p> <p>Female</p>
Ethnicity - this information is needed for Department for Health and Social Care research purposes.	<p>Asian or Asian British</p> <p>Black, African, Black British or Caribbean</p> <p>Mixed or multiple ethnic groups</p> <p>White</p> <p>Prefer not to say</p>
Currently showing any COVID-19 symptoms?	
Home Postcode	
Email Address – this is where test results will be sent.	
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 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.	