



CONSENT FORM FOR COVID-19 TESTING

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.

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.

For students over 16 who are able to provide informed consent – can complete this form for 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, I have read the privacy notice and understand how my child's data will be shared
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 swab for lateral flow tests. My child will self-swab.
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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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, I commit to ensuring that my child is removed from school premises as promptly as possible.
8. I understand that they will need to self-isolate following a positive lateral flow test result.
9. I agree that 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 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.