



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](#), 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 dated 16/07/2021 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 having / my child having a nose and/or throat swab for lateral flow tests. I / my child will self-swab if I / 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testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I / my child is removed from school/college premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.
7. I agree that if my / my child's test results are confirmed to be positive from this lateral flow test I understand that I / my child will be required to self-isolate and [book a confirmatory PCR](#) test following public health advice.

• First Name	
• Last Name	
• Year group (if applicable)	
• Date of Birth	
• Gender – this information is needed for Department for Health and Social Care research purposes.	<ul style="list-style-type: none"> • Male/Female
• Ethnicity - this information is needed for Department for Health and Social Care research purposes.	<ul style="list-style-type: none"> • 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?	
• 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.	