

Consent form for COVID-19 testing in secondary schools and colleges

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.

By completing the relevant section of this form you are giving consent for your child to participate in the COVID-19 Testing at Hollingworth Academy.

If you do not give consent, please complete section two of this form.

Consent relates to the following groups of students/pupils 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 about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated **24/02/2021** and the information available on the school website.
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 over 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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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, 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. I will follow the instructions given by the school for my child to have a confirmatory PCR test, using a home kit from school or visiting a test site.
8. I understand that they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
9. I agree that if my child's test results are confirmed to be positive from this PCR 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.

Hollingworth Academy – Consent Form for Pupils

First Name of Pupil	
Last Name of pupil	
Year group (if applicable)	
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. (please tick a box)	<input type="checkbox"/> - Asian or Asian British
	<input type="checkbox"/> - Black, African, Black British or Caribbean
	<input type="checkbox"/> - Mixed or multiple ethnic groups
	<input type="checkbox"/> - White
	<input type="checkbox"/> - 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.	

Section One: Please complete this section if YOU GIVE CONSENT	
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.	

Section Two:

Section Two: Please complete this section if YOU DO NOT GIVE CONSENT	
I do not give consent for my child to partake in the COVID-19 Lateral Flow Testing at Hollingworth Academy	
Name of parent/carer	
Relationship to pupil	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Today's date:	