

Pupil 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.

Children need parental consent before the school can carry out a COVID-19 test. This form must be completed by the parent or legal carer.

This testing is offered to every child in school. We are testing to help identify children who are positive with COVID-19 but do not show any symptoms (this is known as asymptomatic).

If you have more than one child at school, you will need to complete more than one form. This is because each child needs their own consent form.

Please read the below and fill in your details at the end.

Terms of consent

- I I read the attached COVID-19 testing leaflet and understand what will happen to my child during testing
- I have discussed the testing with my child and my child is happy to participate.
- I consent to my child having a nose and throat swab for lateral flow tests.
- 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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.
- I consent that my child's sample(s) will be tested for the presence of COVID-19.
- If the lateral flow test indicates the presence of COVID-19, I consent to my child having a nose and throat swab for confirmatory PCR testing.
- 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 consent that they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
- 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.
- I consent that if a close contact of my child tests positive but my child has tested negative, they will continue to attend school but will be tested every day at school for 7 days.

- You are able to change your mind at any time. Please email admin@gladesmore.com if you decide you no longer want your child to be tested.

I consent to all the above

YES / NO

| | |
|---|--|
| Email address | |
| Name of pupil to be tested | |
| Year group | |
| Ethnicity - this information is requested in this format by Department for Health and Social Care research purposes. | Asian or Asian British Black, African, Black British or Caribbean Other ethnic groups, Mixed or multiple ethnic groups White Prefer not to say |
| 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/carer giving consent | |
| Relationship to child | |
| Date | |
| Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise. | |