

# Test and Trace

## NHS Test and Trace Consent Form for COVID-19 Testing

This common consent form has been designed for use by parents and guardians of pupils under 16s, pupils over 16 or staff. Underlined sections should be read as applicable and completed as follows:

- **for pupils younger than 16 years**, this form must be completed by the parent or legal guardian. Remember to complete **one consent form for each child** you wish to enrol.
- **pupils over 16** can complete this form themselves, having discussed participation with their parent / guardian.
- **staff** will complete this form themselves.

This COVID-19 testing is being led by the Department for Health and Social Care to complete testing in schools/colleges for staff and pupils/students in Key Stages 3 and above. Taking part in testing is voluntary.

If your child/your result(s) are negative on the lateral flow test you will not be contacted by the school/college except where they/you are a close contact of a confirmed positive.

Based on the information presented in the Letter dated 02-01-2021 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.

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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.

	YES	NO
1. I consent to <u>my child having / having</u> a nose and throat swab for a lateral flow test.		
2. I consent that <u>my / my child's sample(s)</u> will be tested for the presence of Covid-19.		
3. If the lateral flow test indicates the presence of Covid-19, I consent to <u>my child having / having</u> a nose and throat swab for confirmatory PCR testing, which shall be sent the same day to an accredited clinical diagnostics laboratory run by Public Health England (PHE) with results available within 24-48 hours.		
4. I consent that I / they will need to self-isolate following the PCR test until the results have been received.		
5. I consent that if <u>my / my child's</u> test results are confirmed to be positive from this PCR test, this should be reported to the school / college and I / my child will be required to self-isolate following public health advice.		
6. I consent that if a close contact of my child tests positive but <u>I / my child</u> has tested negative, <u>I / they</u> will continue to attend school / college but will be tested every day at school / college for what would otherwise have been the isolation period in force at the time (currently 10 days).		

Name of Student / Staff (PRINT) \_\_\_\_\_

Year group \_\_\_\_\_

Name of Parent/Guardian if under 16

(PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to child if they are under 16 \_\_\_\_\_