**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](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection), even if they have had a recent negative lateral flow test.

Consent relates to the following groups of students:

* **For students younger than 16 years –** consent must be given by the parent or legal guardian.
* **Students over 16 who are able to provide informed consent** may do so for themselves, having discussed participation with their parent / legal guardian if under 18.
* **For any student who does not have the capacity to provide informed consent –** consent must be provided by the parent or legal guardian.
* Please give separate consent for each student who will be involved.

**Terms of consent**

1. I have had opportunity to consider the information provided by the school about lateral flow testing in the letter dated 1/3/21 and the attached Privacy Notice.

2. In the case of under 16s, I have discussed the testing with my child and he/she is willing to participate. If my child changes his/her mind, he/she may withdraw this consent at any time.

3. I consent to my child doing a nose and throat swab for lateral flow tests. My child will self-swab. In the case of under 16s or students who are not able to provide informed consent, I have discussed the testing with my child and he/she is willing to self-swab.

4. I understand that multiple tests will be required; this consent covers all tests for the student named below.

5. I consent to my child’s sample(s) being tested for the presence of COVID-19.

6. I understand that if my child’s lateral flow test result(s) are negative I will not be contacted by the school unless he/she is a close contact of a confirmed positive case.

7. If the lateral flow test indicates the presence of COVID-19, I will ensure that my child is collected from school as soon as possible, bearing in mind he/she may have some anxiety following a positive test result.

8. I consent that he/she will self-isolate following a positive lateral flow test result.

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| **First Name** |  | **Last Name** | |  |
| **Year Group** |  | **Date of Birth** | |  |
| **Gender** |  | **Currently showing COVID-19 symptoms?** | |  |
| **Ethnicity** | Asian or Asian British  Black, African, Black British or Caribbean | | Mixed or multiple ethnic groups  White  Prefer not to say | |
| **Email Address** |  | **Mobile number** | |  |
| **Name of parent/legal guardian giving consent** |  | **Relationship to test subject** | |  |
| **Signature** |  | Today’s date | |  |