



Consent form for COVID-19 testing in secondary schools and colleges Jan 2021

The survey will take approximately 7 minutes to complete.

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.

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 and the 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 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. In the case of under 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testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.

7. I understand that I / they will need to self-isolate following a positive lateral flow test result and should take a PCR test.

8. If the PCR test is negative, I understand that my child may return to school, if they are well.

* Required

1. I / my child consent(s) to having the lateral flow test for COVID-19 as described above *

Yes

No

2. First name of person taking test *

3. Last name of person taking test *

4. Date of birth *



Format: M/d/yyyy

5. Gender on medical record *

- Male
- Female
- Other

6. How would you describe your ethnic background? *

- Prefer not to say
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Another Asian background
- African
- Caribbean
- Another Black background
- Asian and White
- Black African and White
- Black Caribbean and White
- Another Mixed background
- British, English, Northern Irish, Scottish, Welsh
- Irish
- Irish Traveller
- Another White background
- Arab
- Another ethnic background
- Another ethnic group

7. Which country are you in? *

- England
- Scotland
- Northern Ireland
- Wales

8. Postcode (that matches GP record) *

9. First line of your address *

10. Currently in work? *

- Prefer not to say
- Yes, and for the last 2 weeks they've worked from home
- Yes, and for the last two weeks they've travelled to work
- No

11. Email address for results (parent) *

12. Year group *

7

8

9

10

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Post 16

Staff

13. Name of parent/carer giving consent *

14. Relationship to person being tested *

15. Signature (typing out your name is sufficient if you are filling in this form digitally) *

16. Today's date *



Format: M/d/yyyy

17. Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise. *

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