

**Consent Form for COVID-19 Testing**

**Introduction**

This Consent Form is for participation in tests designed to detect **asymptomatic** Covid-19 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.

For pupils **younger than 16 years** - this form must be completed by the parent. Please complete one consent form for each child you wish to participate in testing.

For any pupil **who does not have the capacity to provide informed consent** - this form must be completed by the parent.

**Terms of Consent**

1. In the case of under 16s, I have discussed the testing procedure with my child.

2. I understand that I can withdraw my consent at any point.

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. 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 willing 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testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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. I understand that I / they will need to self-isolate following a positive lateral flow test result.

7. I agree that if my / my child’s test results are confirmed to be positive from this lateral flow test, I will report this to the Academy and I understand that I/ my child will be required to self-isolate following public health advice.

8. I understand that if I/ my child tests positive, or is identified as a ‘contact’ I/ my will need to self-isolate for 10 days in line with the [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)

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| Name of Pupil |  |
| Form Group |  |
| Pupil or Parental Signature |  |
| Date |  |