**NHS Test and Trace consent form for COVID-19 testing**

This consent form has been designed for use by parents and guardians of pupils and under 16s, pupils and students over 16 and staff.

**• 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 enrol.

**• Pupils and students over 16 c**an complete this form themselves, having discussed participation with their parent / guardian if under 18.

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.
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 a lateral flow test.
4. I consent that my / my child’s sample(s) will be tested for the presence of COVID-19.
5. I understand that if my child / my result(s) are negative on the lateral flow test I will not be contacted by the school/college except where they/you are a close contact of a confirmed positive.
6. If the lateral flow test indicates the presence of COVID-19, I consent to my child having / having a nose and throat swab for confirmatory PCR testing, which shall be sent the same day to an NHS Test & Trace laboratory.
7. I consent that I / they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
8. I agree that if my / my child’s test results are confirmed to be positive from this PCR test, I will report this to the school / college and I understand that I/ my child will be required to self-isolate following public health advice.

|  |
| --- |
| **CONSENT FORM**To consent to above lease complete below or fill in form at this[**Link**](https://docs.google.com/forms/d/e/1FAIpQLSdl7S0jmEtXoscB0CCLpBqDvFsGq0T2SqNyPfOUFIxiiMJARg/viewform?usp=sf_link)and return to school reception / email form to reception@aldergrange.com |
| **Pupil Details** |
| **Forename** - this information is needed for identification purposes. |  |
| **Surname** - this information is needed for identification purposes. |  |
| **Gender** - this information is needed for Department for Health and Social Care research purposes. | Male/Female/Other |
| **Ethnicity** -this information is needed for Department for Health and Social Care research purposes. | Delete as necessary:* Asian or Asian British
* Black, African, Black British or Caribbean
* Mixed or multiple ethnic groups
* White
* Prefer not to say
 |
| **Date of Birth** - this information is needed for identification purposes. |  |
| **Year Group** - this information is needed for identification purposes. |  |
| **Form Group** - this information is needed for identification purposes. |  |
| **First line of home address** - this information is needed for identification purposes. |  |
| **Home Postcode** - this information is needed for identification purposes. |  |
| **Currently showing any COVID-19 symptoms?** - this information is needed as we cannot carry out the test on anyone showing symptoms. |  |
| **Parent or Guardian Details (if applicable)** |
| **Full Name** of parent or guardian if pupil under 16 (print). |  |
| **Signature** of parent or guardian or over 16 being tested. |  |
| **Today’s Date**. |  |
| **Relationship to child if child under 16.** |  |
| **Email Address** – results may be sent to this email. |  |
| **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. |  |
| Details of any health or accessibility issues which might affect a child’s safe participation in the testing exercise.  |  |