

The Oaks Secondary School

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

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](#), even if they have had a recent negative lateral flow test.

Consent relates to the following groups of pupils:

- **For pupils 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 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 and seen the privacy notice on the school website
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 my child having a nose and throat swab for lateral flow tests. My child will self-swab, if my child is struggling, 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 consent that my child's sample will be tested for the presence of COVID-19.
5. I understand that if my child's result is negative on the lateral flow test I will not be contacted by the school except where they are a close contact of a confirmed positive.
6. If the lateral flow test indicates the presence of COVID-19, I will take my child for confirmatory PCR testing.
7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my child is removed from school premises as promptly as possible, bearing in mind that they may have some anxiety following a positive test result.
8. I consent that my child will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
9. I agree that if my child's test results are confirmed to be positive from this PCR test, I will report this to the school and I understand that my child will be required to self-isolate following public health advice.

First Name	
Last Name	
Year group (if applicable)	
Date of Birth	
Gender – this information is needed for Department for Health and Social Care research purposes.	Male/Female
Ethnicity - this information is needed for Department for Health and Social Care research purposes.	Asian or Asian British Black, African, Black British or Caribbean Mixed or multiple ethnic groups White Prefer not to say
Currently showing any COVID-19 symptoms?	
Home Address and Postcode	
Email Address – this is where test results will be sent	
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.	
Name of parent/guardian giving consent	
Relationship to test subject	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Today's date	