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| Paper title | Testing Registration and Consent form |
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| Author | James Miller / Laurence Boulter / Louisa Sharpless / Jane Smith |
| Executive Director | James Miller |

Version Control

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| **Version** | **Date** | **Comments** |
| 1.0 | 29 December 2020 | For comment / review |
| 1.1 | 6 January 2021 | Updated form and data collection |
| 1.2 | 8 January 2020 | Alignment with DHSC |
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**Consent form for COVID-19 testing in School**

This form is based on the DfE common template which has been designed for use by parents and guardians of pupils and under 16s, pupils and students over 16 and staff.

**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/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.
* **Staff** will complete this form themselves.

**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 dated [12/1/2021] and the attached 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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. I understand that if my /my child’s result(s) are negative on the lateral flow test I will not be contacted by the school/college except where I am / they are a close contact of a confirmed positive.

7. If the lateral flow test indicates the presence of COVID-19, I consent to having / my child having a nose and throat swab for confirmatory PCR testing. I/they will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.

8. 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.

9. 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.

10. 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.

11. I consent that if a close contact of my child tests positive but I / my child has tested negative, I / they will continue to attend school / college but will be tested every day at school / college for 7 days.

12. I consent to the information being collected in the form being processed in accordance with the Data Protection Act for the purposes of health and or social care. More information about how the information is used can be found in the Educational Establishment COVID-19 Privacy Statement that accompanied this letter. The full OAT Data Protection and Privacy Policy can be found here <http://www.ormistonacademiestrust.co.uk/documents-and-policies/>

**Consent Form and Test Registration**

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| Bar Code Reference | |  | | | | | | | **V** |  | **+** | Academy Use |
| Test Site | |  | | | | | | | | | |
| 7-day repeat test? | |  | | | | | | | | | |
| Test Date and Time | |  | | | | | | | | | |
| Date of Birth | |  | | | | | | | | | | Required |
| First name of pupil/staff | |  | | | | | | | | | | Required |
| Second name of pupil/staff | |  | | | | | | | | | | Required |
| Gender -this information is needed for DHSC research purposes. | | | Male | | | | | Female | | | | Required |
| Ethnic Group **-** this information is needed for DHSC research purposes | | Asian or Asian British  / Black / African / Black British / Caribbean / Mixed or multiple ethnic groups  / White | | | | | | | | | | Optional |
| Ethnic Background | |  | | | | | | | | | | Optional |
| Travels to… | | School (pupils) | |  | Workplace (staff) | | | | | |  | Academy Use |
| Institution Details | |  | | | | | | | | | |
| Currently showing any COVID-19 symptoms? | | Yes | | | | No | | | | | | Required |
| Country of residence | |  | | | | | | | | | | Required |
| First line of address | |  | | | | | | | | | | Required |
| Email address - this is where test results will be sent | | |  | | | | | | | | | Optional |
| 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 | | |  | | | | | | | | | Required |
| Landline number | |  | | | | | | | | | | Optional |
| NHS Number | |  | | | | | | | | | | Optional |
| Name of parent/carer | |  | | | | | | | | | | Required |
| Signature to confirm agreement to this consent form (typing out your name is sufficient if you are filling in this form digitally) | |  | | | | | | | | | | Required |
| Date | |  | | | | | | | | | | Required |
| Data to be retained for 14 days and securely deleted no later than one month after testing period ends | | | | | | | | | | | | |
| Registration (Tick) |  |  | Academy Log (Tick) | | | |  | |  | | | Academy Use |