

Testing Registration and Consent Form

Paper title	Testing Registration and Consent form
Version	V1.3
Date	24 February 2021
Author	James Miller / Laurence Boulter / Louisa Sharpless / Jane Smith
Executive Director	James Miller

Version Control

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
1.3	24 February 2021	Removal of repeat test indicator. Changes in terms.

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 carers 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](#), 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 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 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 academy about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated [DD/MM/YYYY] 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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

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 academy 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 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.

8. I understand that I / they will need to self-isolate following a positive lateral flow test result.

9. 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 school / college and I understand that I / my child will be required to self-isolate following public health advice.

10. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with government guidance.

11. 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

Bar Code Reference		V	-	+	Academy Use
Test Site					
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 [Name of Academy]	School (pupils)		Workplace (staff)		Academy Use
Travelled abroad in last 14 days?	No		Yes		
Currently showing any COVID-19 symptoms?	Yes		No		Required
Country of residence		Post Code			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/carers					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)	<input type="checkbox"/>
---------------------	--------------------------

Academy Log (Tick)	<input type="checkbox"/>
--------------------	--------------------------

Academy Use	<input type="checkbox"/>
-------------	--------------------------