

COVID Asymptomatic Testing - Student Consent Form

Introduction

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases (no symptoms). Anyone experiencing symptoms should follow government guidelines to self-isolate, even if they have had a recent negative lateral flow test.

Terms of consent

I have considered the information provided by the school about the testing presented in the attached letter and read the Privacy Notice.

In the case of under 16s, I have discussed the testing with my daughter and she is happy to participate. If on the day of testing she does not wish to take part, then she will not be made to do.

I understand that consent can be withdrawn at any time ahead of the test.

I consent to my daughter having a throat and nose swab for lateral flow tests and have discussed it with them. My daughter will self-swab if she is able to, otherwise I understand that assistance may be available.

I understand that there may be multiple tests required and this consent covers all tests for the below named person.

I consent that my daughter's sample(s) will be tested for the presence of COVID-19.

I understand that if my daughter's result(s) are negative or invalid on the lateral flow test I will not be contacted by the school/college

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.

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

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Full Name	
Tutor Group	
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
NHS Number	
Full Address (including 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	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	