

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

This common consent form has been designed for use by parents and guardians of pupils under 16 years of age. Underlined sections should be read as applicable and completed as follows:

**• For children 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.

1. I have had the opportunity to consider the information provided by the school about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 31.12.2021.

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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 a lateral flow test.

4. I consent that my child’s sample(s) will be tested for the presence of COVID-19.

5. I understand that if my child results are negative on the lateral flow test I will not be contacted by Beeston except where they are a close contact of a confirmed positive.

6. If the lateral flow test indicates the presence of COVID-19, I consent to collecting my child as soon as possible and agreeing to book a test as soon as possible and to share the booking confirmation and result with Beeston when both are made and available.

7. I consent that 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 child’s test results are confirmed to be positive from this PCR test, I will report this to Beeston and I understand that my child will be required to self-isolate following public health advice along with anybody else in the household.

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

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| Name of pupil/s to be tested |  |
| Year group |  |
| Name of parent or guardian if under 16 |  |
| Signature |  |
| Date |  |
| Relationship to child if under 16 |  |

Parents/Guardians should please e mail this form to the office at Beeston by 4th January 2021.