Monkmoor Campus
Woodcote Way
Monkmoor
Shrewsbury
SY2 5SH
Tel: 01743 563333
Principal: Brian Thomas

Severndale Specialist Academy

Everyone valued. Everyone included. Everyone learning.

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 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 8/1/2021 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 my child having a nose and throat swab for lateral flow tests. My child will self-swab if my child is able to otherwise I understand that general assistance is available, however the test cannot be administered by a member of staff. 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 general 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 they do not wish to take part, then I understand 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 child's sample(s) will be tested for the presence of COVID-19.

6. I understand that if my child's result(s) are 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.

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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 they may have some anxiety following a positive test result.

8. I consent that they will need to self-isolate following a positive lateral flow test result, until the results of a 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.

10. I consent that if a close contact of my child tests positive but my child has tested negative, they will follow the guidance of school in line with the school COVID-19 risk assessment.

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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 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.	

For year 7 pupils and above.

Severndale Specialist Academy, company limited by guarantee, registered in England and Wales company number 8738846 whose registered office is Monkmoor Campus, Woodcote Way, Shrewsbury, Shropshire, SY2 5SH.