

Consent form for COVID-19 testing in secondary schools

For schools: using this form

This form has been designed to ensure that all the necessary information is collected for consent and online test subject registration purposes – therefore schools and colleges **must not remove** any of the information below.

Schools and colleges may wish to hold the information collected in their COVID-19 Test Register (see p.29 of Schools How To Guide for more information). This information must be kept securely for a minimum of 14 days, and be destroyed within 1 month testing programme ending.

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:

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

Terms of consent

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 and the attached Privacy Notice.
2. If on the day of testing I do not wish to take part, then I will not be made to do so and consent can be withdrawn at any time ahead of the test.
3. I consent to having a nose and throat swab for lateral flow tests. I will self-swab if I am unable to, otherwise I understand that limited 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on the day of testing I do not wish to take part, then I understand I will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 sample(s) will be tested for the presence of COVID-19.
6. I understand that if my result(s) are negative on the lateral flow test I will not be contacted by the school except where I am a close contact of a confirmed positive.

7. If the lateral flow test indicates the presence of COVID-19, I consent to having a nose and throat swab for confirmatory PCR testing. I 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 am removed from school premises as promptly as possible, bearing in mind I may have some anxiety following a positive test result.
9. I consent that I 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 test results are confirmed to be positive from this PCR test, I will report this to the school and I understand that I will be required to self-isolate following public health advice.

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.	