

# **Consent form for COVID-19 testing**

## **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.

## **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, based on the information presented in the letter dated 2<sup>nd</sup> March 2021 and the attached Privacy Notice.
2. I consent to having a nose and throat swab for lateral flow tests.
3. 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on the day of testing I do not wish to take part, then I understand I will not be made to do so and that consent can be withdrawn at any time ahead of the test.
4. I consent that my sample will be tested for the presence of COVID-19.
- 5 I understand that if my result is 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.
6. 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.
7. I understand that I will need to self-isolate following a positive lateral flow test result.
8. I agree that if my test results are confirmed to be positive from this lateral flow test, I will report this to the school and I understand that I will be required to self-isolate following public health advice.

<b>First Name</b>	
<b>Last Name</b>	
<b>Date of Birth</b>	
<b>Gender</b> – this information is needed for Department for Health and Social Care research purposes.	Male/Female
<b>Ethnicity</b> - 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
<b>Currently showing any COVID-19 symptoms?</b>	
<b>Home Postcode</b>	
<b>Email Address</b> – this is where test results will be sent.	
<b>Mobile Number</b> – 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.	
<b>Signature</b> (typing out your name is sufficient if you are filling in this form digitally)	
<b>Today's date</b>	
Details of any health or accessibility issues which might affect your safe participation in the testing exercise.	