



Alder Community High School

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Headteacher: Mr R O'Regan BSc (Hons) NPQH

Student/Parental Consent to Participate in Covid-19 Lateral Flow Testing

Introduction

All of the information relating to the testing programme can be found on the school website, using this link <https://aldercommunityhighschool.org.uk/school-life/covid-19-testing>

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow government guidelines to self-isolate <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>, even if they have had a recent negative lateral flow test.

Consent relates to the following groups of students and staff as follows:

- For 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.
- 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 26th February 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 having / my child having a nose and throat swab for lateral flow tests. I / my child will self-swab if I / my child is able to otherwise I understand that 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 / they do not wish to take part, then I understand I / 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 / my child's sample(s) will be tested for the presence of COVID-19.
6. I understand that if my /my child's result(s) are negative on the lateral flow test I will not be contacted by the school/college except where I am / they are a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I / my child is removed from school premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.
8. I understand that I / they will need to self-isolate following a positive lateral flow test result.
9. I agree that if my / my child's test results are confirmed to be positive from this lateral flow test, I will report this to the school / college and I understand that I/ my child will be required to self-isolate following public health advice.
10. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with Government guidance.

To provide consent [please complete the details on this form](#). A paper or word version of the consent form is also available by request by contacting school on 0161 368 5132 or admin@alderchs.uk.



Consent Form

First Name	
Last Name	
Year group (if applicable)	
Date of Birth	
Gender – this information is needed for the Department for Health and Social Care research purposes.	
Ethnicity -Please state your ethnicity in the box- this information is needed for the Department for Health and Social Care research.	
Is your child currently showing any COVID-19 symptoms?	
Has your child tested positive for COVID-19 in past 90 days?	
Home Postcode	
First line of home address	
Parent Email Address for result	
Parent Mobile Number for result	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Relationship to child	
Today's date	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	

Please return this completed consent form to the school office. If you have completed the electronic form online, you do not need to return this form.