31st December 2021

NHS Test and Trace: COVID-19 testing for staff and Pupils

Dear Parent/Carer,

We are working to keep Archbishop Temple School as safe as possible. You may have heard that testing for those without coronavirus symptoms is beginning across the country using new, quicker COVID-19 tests known as ‘lateral flow tests’.

Along with the other protective measures we are taking, these tests will help staff and pupils to remain in school safely. Up to one third of people who have coronavirus experience no symptoms. By testing we will help to stop the virus spread and help to keep our school open as safely as possible. The test is voluntary, but I would encourage everyone to take it.

We will be testing all staff and secondary school and college age pupils who want to participate from week commencing 4th January 2021.

If you are happy for your child to be tested, please fill in the form below and the enclosed consent statement (one per pupil) and return it to the school via email to v.hayward@archbishoptemple.com.

Those taking the test will be supervised by trained staff. The ‘lateral flow’ tests are quick and easy using a swab of your nose and throat. For under 18s, staff can oversee the swab process.

Results (which take around half an hour from testing) will be shared directly with staff and pupils participating. Where participants are under 16, parents or legal guardians will also be informed.

We know these tests work - in validation studies conducted by Oxford University and Public Health England, they were shown to be as accurate in identifying a case as a PCR test (99.68% specificity). The tests have lower sensitivity but they are better at picking up cases when a person has higher viral load, hence the need to test frequently.

Testing will be offered free of charge.

**Registration**

To process the test, we will register all participating pupils.

To complete this registration, please fill in the form below and complete the enclosed consent statement.

|  |  |
| --- | --- |
| Pupil First Name |  |
| Pupil Last Name |  |
| Year Group / Form |  |
| Date of Birth |  |
| Gender at birth |  |
| Currently showing any COVID-19 symptoms? |  |
| Today’s date |  |
| Home Postcode |  |
| Email Address |  |
| Mobile Number |  |

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

This common consent form has been designed for use by parents and carers of pupils and under 16s, pupils and students over 16 and staff.

• 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 enrol.

• Pupils and students over 16 can complete this form themselves, having discussed participation with their parent / carer if under 18.

• Staff will complete this form themselves.

1. I have had the opportunity to consider the information provided by the school ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 31st December 2020.

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, via email or letter, at any time ahead of the test.

3. I consent to having/my child having a nose and throat swab for a lateral flow test.

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

5. I understand that if my child/my result(s) are negative on the lateral flow test I will not be contacted by the school except where they/you are a close contact of a confirmed positive.

6. If the lateral flow test indicates the presence of COVID-19, I will organise for a PCR test to be taken, a postal PCR test may be given by school if available.

7. I consent that I/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/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 I/my child will be required to self-isolate following public health advice.

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

|  |  |
| --- | --- |
| Name of pupil/student/staff to be tested (print) |  |
| Year group (if applicable) |  |
| Name of parent or carer if under 16 (print) |  |
| Signature |  |
| Date |  |
| Relationship to child if under 16 |  |