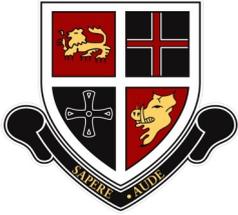


PLEASE REFER TO OUR PRIVACY NOTICE

All documents referred to can be requested in hard copy, electronically or are available to download from our website.



Durham Johnston Comprehensive School /
NHS TEST & TRACE TESTING CENTRE

Consent Form - COVID-19 Lateral Flow 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.

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.

Personal Details

Full Name of Test Subject

Year Group

If applicable

Date of birth

Day / Month / Year

Currently showing any COVID-19 symptoms?

Email address

Parent / guardian email address

Mobile / Landline Number *(this is to tell you about a positive test result)*

Parent contact number

Home Address

Pupils' contact number(s) - Year 12/13 only

Name of parent/guardian/NOK

Relationship to test subject

Signature:

Date:

Details of any health or accessibility issues which might affect you (staff or pupil over 16 yrs) or your child's safe participation in the testing exercise:

PLEASE RETURN A HARD COPY OF THIS FORM TO SCHOOL RECEPTION OR EMAIL A COPY OF THE SIGNED FORM TO covidtesting@durhamjohnston.org.uk BY 12.00pm ON TUESDAY 2nd MARCH.

TERMS OF CONSENTS

Please circle

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 Head's letter dated [25.02.21] and the attached Privacy Notice.	Yes	No
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.	Yes	No
3. <u>I consent to having / my child having</u> a nose and throat swab for lateral flow tests. <u>I / my child</u> will self-swab. 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.	Yes	No
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 <u>I / they</u> do not wish to take part, then I understand <u>I / they</u> will not be made to do so and that consent can be withdrawn at any time ahead of the test.	Yes	No
5. I consent that my / my child's sample(s) will be tested for the presence of COVID-19.	Yes	No
6. I understand that if <u>my /my child's</u> result(s) are negative on the lateral flow test I will not be contacted by the school except where <u>I am / they are</u> a close contact of a confirmed positive.	Yes	No
7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that <u>I / my child</u> is removed from school premises as promptly as possible, bearing in mind <u>I / they</u> may have some anxiety following a positive test result or refrains from coming to school if informed while at home.	Yes	No
8. I am / they are aware that people who return a positive LFD result must self-isolate immediately for 10 days. The 10 days begin the day after their test date. If the subject or anyone in their household get symptoms, they must self-isolate from the day symptoms started and for the next 10 full days, following all public health advice.	Yes	No
9. I consent to the collection and sharing of my / my child's personal data as described in the Covid-19 Testing Privacy Notice and 'Data Protection Covid Testing FAQs for parents and staff'.	Yes	No

Full Name of Test Subject

Year Group

Name of parent/guardian/NOK

Signature:

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