

# Lateral Flow Testing Consent

This common consent form has been designed for use by parents and guardians of pupils and under 16s, pupils and students over 16 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 enrol.
- Pupils and students over 16 can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- Staff will complete this form themselves.

This consent will apply to all subsequent tests carried out in this way as all consenting pupils will be initially tested twice.

...

## 1. Full name of the person being tested

## 2. Year group of the person being tested

7

8

9

10

11

Member of staff

## 3. Date of birth

Please input date in format of dd/MM/yyyy



4. Gender at birth (this information is needed for Department for Health and Social Care research purposes)

Male

Female

5. 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

6. Is the person being tested currently showing COVID-19 symptoms

Yes

No

7. Home postcode

Enter your answer

8. Parents' email address (personal email if a member of staff)

Enter your answer

## 9. Parents' mobile number (mobile number if a member of staff)

10. 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 published on the school website (letter and privacy notice) on the 4th January 2021

Yes

No

11. 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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

I / My child is over 16

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

Yes

No

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

Yes

No

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

Yes

No

15. If the lateral flow test indicates the presence of COVID-19, I consent to my child having / having a nose and throat swab for confirmatory PCR testing, which shall be sent the same day to an NHS Test & Trace laboratory

Yes

No

16. 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

Yes

No

17. 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 / college and I understand that I / my child will be required to self-isolate following public health advice

Yes

No

18. 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

Yes

No

19. Name of parent / carer (if staff enter 'NA')

Enter your answer

20. Relationship to child (if staff enter 'NA')

Enter your answer

21. Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise (enter 'NA' if not applicable)

Enter your answer

Submit

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