

To Parents and Carers of Pupils at Spa Bermondsey

26th February 2021

Dear Parents and Carers

Return to School on March 8th

Following the recent government announcement, pupils who are currently at home need to attend school from March 8th.

If your child is already at school this should not have much of an impact; we will let you know if there is to be any change with your child's class or teacher.

If your child is at home you should start preparing them for the return on March 8th. We are really looking forward to having everyone back at school.

We continue to review our procedures and organisation regularly to ensure that Spa Bermondsey is as safe as possible. All of the systems put in place before the current lockdown still apply. Our full COVID-19 Risk Assessment can be found on our website: <https://www.spa-education.org/spa-school-bermondsey/parents/covid-19-information>.

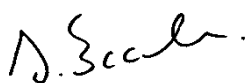
Pupils are taught in key stage bubbles. They have their lunch, play and clubs in these groups so have almost no contact with pupils outside of their bubbles. Home – school transport is also organised in these bubbles. Almost all of the time, staff only work within their bubble.

Pupils may wear face coverings while at school and on home to school transport. Good mask hygiene will continue to be a focus of learning for those who choose to wear a face covering. Pupils are taught good hygiene practice and wash hands regularly, and surfaces are regularly cleaned. Staff testing for COVID has been established and staff are now tested twice a week.

We can offer pupils rapid asymptomatic testing at school in the week starting March 8th. Pupils will need to administer the swab themselves and we expect that many pupils will be unable to do this (which is why we have focused on establishing a robust staff testing system). If you would like your pupil to have this test at school you need to return the attached consent form by March 5th.

From March 15th, testing kits will be available for pupils to do at home and testing will no longer take place at school. More information and a consent form for home testing kits will be sent to you next week.

As always, please don't hesitate to contact the school if you have any questions or concerns.

A handwritten signature in black ink, appearing to read "S. Eccles".

Simon Eccles
Headteacher

Consent form for COVID-19 testing in secondary schools and colleges

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:

- **All students** - this form must be completed by the parent or legal guardian. Please complete one consent form for each pupil / student you wish to participate in testing.

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 4/1/21 and the attached Privacy Notice.
2. Where appropriate, I have discussed the testing with my son/daughter and want my son/daughter 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 my son/daughter having a nose and throat swab for lateral flow tests. My son/daughter will self-swab if able to otherwise I understand that **verbal and visual** assistance is available. I confirm I wish my son/daughter to participate and self-swab (with assistance if required).
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 they do not wish to take part, then I understand 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 son/daughter's sample(s) will be tested for the presence of COVID-19.
6. I understand that if my son/daughter's result(s) are negative on the lateral flow test I will not be contacted by the school/college except where they are a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, I understand the need to follow up with a confirmatory PCR test. The school/college will contact me immediately to make appropriate arrangements for this test to be completed.
8. If the lateral flow test indicates the presence of COVID-19, I will collect my son/daughter as promptly as possible, bearing in mind they may have some anxiety following a positive test result.
9. I consent that they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
10. I agree that if my son/daughter's test results are confirmed to be positive from this PCR test, I will report this to the school / college and I understand that my son/daughter will be required to self-isolate following public health advice.
11. I consent that if a close contact of my son/daughter tests positive but my son/daughter has tested negative, they will continue to attend school / college but will be tested every day at school / college for 7 days. If daily testing is not viable my son/daughter will not attend school/college for a 10 day quarantine period.

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