

Student Consent Form for COVID-19 Testing in Colleges

Introduction

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. **Anyone with COVID-19 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 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 aged 16 and over, 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.

Terms of consent

1. I have had the opportunity to consider the information provided by the college about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the email dated 2nd March 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test. (Not applicable to students 16 or over).
3. I consent to having a nose and throat swab for lateral flow tests. I will self-swab, otherwise I understand that assistance is available. 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 (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on the day of testing I do not wish to take part, then I understand I will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 sample(s) will be tested for the presence of COVID-19.
6. I understand that if my result(s) are negative on the lateral flow test I will not be contacted by the college except where I am a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, I consent to having a nose and throat swab for confirmatory PCR testing. I will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.
8. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I am removed from college premises as promptly as possible, bearing in mind I may have some anxiety following a positive test result.
- 9. I consent that I 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 results are confirmed to be positive from this PCR test, I will report this to the college and I understand that I will be required to self-isolate following public health advice.**

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Bar code:

| | |
|---|--|
| First Name(s) | |
| Family Name | |
| ID number | |
| Date of Birth | |
| Gender – this information is needed for Department for Health and Social Care research purposes. | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnicity - this information is needed for Department for Health and Social Care research purposes. | <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black, African, Black British or Caribbean <input type="checkbox"/> Mixed or multiple ethnic groups <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say |
| Currently showing any COVID-19 symptoms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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. | |
| Signature | |
| Today's date | |
| Details of any health or accessibility issues which might affect your safe participation in the testing exercise. | |