

NHS Test, Trace, Protect Consent Form for COVID 19 Testing

(Guidance note: this common consent form has been designed for use by: staff, parents and guardians of upper secondary school years under 16, upper secondary school years over and further education learners and staff. Underlined sections should be read as applicable and completed as follows:

- **for pupils younger than 16 years**, this form must be completed by the parent or legal guardian. Remember to complete **one consent form for each child** you wish to enrol.
- **pupils over 16 who are able to provide informed consent**, this form can be completed by themselves, having discussed participation with their parent/guardian.
- **for any pupil/learner who does not have the capacity to provide informed consent**, this form must be completed by the parent or legal guardian.
- **staff will complete this form themselves.)**

This COVID 19 testing programme is being led by the Department for Health and Social Care and the Welsh Government to provide asymptomatic testing in schools for staff and pupils/learners in upper secondary school years and further education.

Taking part in testing is voluntary. There is no expectation or obligation to participate. Nobody should be required to undergo testing without consent, and nobody should be excluded from school if they do not wish to test.

Please read the following sections, complete the questions below and return this form to the school/college as soon as possible:

I have had the opportunity to consider the information provided to me by the school about this testing programme in the letter dated 12 / 03 / 21 . I have had the opportunity to ask any questions about the programme and, if I have, I have had these answered satisfactorily.

For parents/carers/guardians 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.

Please sign below if you agree to the following:

1. I consent to participate/ my child participating in this testing programme.
2. I have understood that my/my child's data will be held and shared in accordance with the data privacy notice.
3. I agree to provide my / my child's test results to the school. In the event of a confirmed positive test it will help support contact tracing.
4. I agree to accurately record all of my/my child's test results at www.gov.uk/report-covid19-result or by [calling 119](tel:119).

Name of Staff Member (if applicable) (PRINT)	
Name of Student and year group (if applicable) (PRINT)	
Name of Parent/Guardian if under 16 (PRINT)	
Signature	
Date	
Relationship to child if they are under 16	

Thank you for completing this form.