**NHS Test and Trace consent form for COVID-19 testing**

This common consent form has been designed for use by parents and carers of pupils and under 16s, pupils and students over 16 and staff. Underlined sections should be read as applicable and completed 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 c**an complete this form themselves, having discussed participation with their parent/carer if under 18.
* **Staff** will complete this form themselves.

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 letter dated 7th May 2021
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.
3. I consent to having/my child having a nose and throat swab for a PCR test.
4. I consent that my/my child’s sample(s) will be tested for the presence of COVID-19.
5. I understand that if my child my result(s) are negative on the PCR test I will not be contacted by the school/college except where they/you are a close contact of a confirmed positive.
6. I consent that I/they will need to self-isolate following a positive PCR test result.

|  |  |
| --- | --- |
| Name of pupil/student/staff to be tested (print) |  |
| Year group (if applicable) |  |
| Name of parent or carer if under 16 (print) |  |
| Signature |  |
| Date |  |
| Relationship to child if under 16 |  |

# Registration

To process the test, we will register all participating pupils.

To complete this registration please fill in the form below and complete the consent form on the first page.

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Date of Birth** |  |
| **Gender at birth** |  |
| **Currently showing any COVID-19 symptoms?** |  |
| **Today’s date** |  |
| **Home Postcode** |  |
| **Email Address** |  |
| **Mobile Number** |  |