# Consent form for COVID-19 testing at Appleton Academy

## 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](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection), even if they have had a recent negative lateral flow test.

Consent relates to the following groups of students/pupils 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.
* **Staff** will complete this form themselves.

## 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 letters dated 25 February and 1 March 2021, via an online cloud appointment 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.

3. I consent to my child having a nose and throat swab for lateral flow tests. My child will self-swab but I understand that assistance is available from staff in school if they have difficulty doing so.

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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 understand that if my child does not take part in testing because I withdraw consent, arrangements may need to be put in place for them to receive lessons and access facilities in school separately from other pupils, following social distancing guidance and rules.

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

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

8. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my is removed from school premises as promptly as possible, bearing in mind they may have some anxiety following a positive test result.

9. I understand that they will need to self-isolate following a positive lateral flow test result.

10. I agree that if my child’s test results are confirmed to be positive from this lateral flow test, my child will be required to self-isolate following public health advice.

11. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with Government guidance.