NHS Test and Trace consent form for Covid-19 testing

##

|  |  |
| --- | --- |
| Paper title | Testing registration and consent form |
| Version | V2.1 |
| Date | 8 July 2021 |
| Author | James Miller/Laurence Boulter/Louisa Sharpless/Jane Smith  |
| Executive Director | James Miller  |

Version Control

|  |  |  |
| --- | --- | --- |
| **Version** | **Date** | **Comments** |
| 1.0 | 29 December 2020  | For comment/review |
| 1.1 | 6 January 2021 | Updated form and data collection |
| 1.2 | 8 January 2020 | Alignment with DHSC |
| 1.3 | 24 February 2021 | Removal of repeat test indicator.Changes in terms. |
| 2.0 | 8 July 2021 | Review for September 2021 |
| 2.1 | 14 July 2021 | Terms of consent amended |

## Consent form for Covid-19 testing in school

This form is based on the DfE common template which has been designed for use by parents and carers of pupils and under 16s, pupils and students over 16 and staff.

## Introduction

* 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 can complete this form themselves, having discussed participation with their parent/guardian if under 18.
* 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 letter dated [DD/MM/YYYY].
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 lateral flow 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 lateral flow test I will not be contacted by the school/college except where they/you are a close contact of a confirmed positive.
6. If the lateral flow test indicates the presence of Covid-19, I consent to my child having/having a nose and throat swab for confirmatory PCR testing, which shall be sent the same day to an NHS Test and Trace laboratory.
7. I consent that I/they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
8. I agree that if my/my child’s test results are confirmed to be positive from this PCR test, I will report this to the school/college and I understand that I/ my child will be required to self-isolate following public health advice. I consent to the information being collected in the form being processed in accordance with the Data Protection Act for the purposes of health and or social care. More information about how the information is used can be found in the Educational Establishment Covid-19 Privacy Statement that accompanied this letter. The full OAT Data Protection and Privacy Policy can be found here <http://www.ormistonacademiestrust.co.uk/documents-and-policies/>

## Consent form and test registration (previously registered)

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

## Consent form and test registration (not previously registered)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Barcode reference |  | **V** |  | **+** | Academy use |
| Test site |  |
| Test date and time |  |
| Date of birth |  | Required |
| First name of pupil/staff |  | Required |
| Second name of pupil/staff |  | Required |
| Gender -this information is needed for DHSC research purposes. |  Male |  Female | Required |
| Ethnic group **-** this information is needed for DHSC research purposes | Asian or Asian British / Black / African / Black British /Caribbean / Mixed or multiple ethnic groups / White | Optional |
| Ethnic background |  | Optional |
| Travels to [Name of academy] |  School (pupils) |  |  Workplace (staff) |  | Academy use |
| Travelled abroad in last 14 days? | No |  | Yes |  |
| Currently showing any Covid-19 symptoms?  | Yes |  No | Required |
| Country of residence |  | Post Code |  | Required |
| First line of address |  | Required |
| Email address - this is where test results will be sent |  | Optional |
| 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 |  | Required |
| Landline number |  | Optional |
| NHS number |  | Optional |
| Name of parent/carer |  | Required |
| Signature to confirm agreement to this consent form (typing out your name is sufficient if you are filling in this form digitally) |  | Required |
| Date |  | Required |
| Data to be retained for 14 days and securely deleted no later than one month after testing period ends |
| Registration (tick) |  |  |  Academy log (tick) |  |  | Academy use |