

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

**Updated form to be completed by all parents by 3<sup>rd</sup> March 21.**

This common consent form has been designed for use by parents and guardians of pupils and under 16s, pupils and students over 16. The following 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** can complete this form themselves, having discussed participation with their parent / guardian if under 18.

1. I have had the opportunity to consider the information provided by the Maplewell Hall School about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 26.02.21.

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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 / do not consent** to having / my child having three nose and throat swabs between 3 and 5 days apart 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 / my child's result(s) are negative on the lateral flow test I will not be contacted by Maplewell Hall School 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 & 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 Maplewell Hall School and I understand that I / my child will be required to self-isolate following public health advice.

9. I consent that if a close contact of my child tests positive but I / my child has tested negative, I / they will continue to attend Maplewell Hall but will be tested every day at school for 7 days.

Lateral Flow Test Consent for all students from 8<sup>th</sup> March 21

Return back to Maplewell Hall School by Wednesday 3<sup>rd</sup> March 2021, email [office@maplewell.leics.sch.uk](mailto:office@maplewell.leics.sch.uk)

Name of pupil	
Year group	
<b>I give / do not give</b> consent for lateral flow testing on my child	<i>Please delete as appropriate</i>
Name of parent or guardian if under 16 (print)	
Signature	
Date	
Relationship to child if under 16	