

# Beaminster School

## Consent form for on-site COVID-19 testing



This consent form is for participation in tests designed to detect asymptomatic coronavirus cases.

Anyone experiencing symptoms should follow [government guidelines to self-isolate](#), even if they have had a recent negative lateral flow test.

Consent relates to the following groups of students and staff as follows:

- **Students under 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.
- **Students over 16 who are able to provide informed consent**  
Can complete this form themselves, having discussed participation with their parent / guardian if under 18.

### Terms of Consent

1. I have read and understand the information provided by **Beaminster School** about the Lateral Flow Device testing.
2. For students under 16, I have discussed the testing with my child and they are 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 If, on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 swab for lateral flow tests. My child will self-swab if able to, otherwise I understand that assistance will be available.
4. In the case of under 16s or pupils who are not able to provide informed consent, I have discussed the testing with my child and they are happy to participate and self-swab (with assistance if required).
5. I understand that multiple tests (done weekly) will be required if my child is in school over subsequent weeks and this consent covers all tests necessary for the student named. 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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.
6. I consent to my child's sample(s) being 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, except where they are a close contact of a confirmed positive.
8. If the lateral flow test indicates the presence of COVID-19, I consent to my child having a nose and throat swab for the required confirmatory PCR testing. This is to allow the instructions on the PCR kit, to return the test the same day to an NHS Test and Trace laboratory, to be followed.
9. If the lateral flow test indicates the presence of COVID-19, **I will ensure my child is removed from school premises as promptly as possible**, bearing in mind they may have some anxiety following a positive test result.
10. I will follow all the government guidelines on self-isolation following a positive lateral flow test result and until the results of the confirmatory PCR have been received (see link above).
11. I confirm that if my child's test results are confirmed as positive from the PCR test, I will report this immediately to the school and understand the requirement to follow public health advice on self-isolation (see link above).
12. I understand that if a close contact of my child tests positive but my child has tested negative, my child can continue to attend school (as arranged) and I consent to them being tested every day at school for 7 days.

# Beaminster School COVID-19 Testing Consent Form



Please write clearly and complete all information required

<b>Student Name</b>		
<b>Student Tutor Group</b>		
<b>Student Date of Birth</b>		
<b>Home Postcode</b>		
<b>Email Address (where test results will be sent)</b>		
<b>Mobile Number (where test results will be sent so please do NOT put a landline number)</b>		
<b>Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise</b>		
<b>These two questions are required for Department for Health and Social Care research purposes</b>		
<b>Gender</b>	Male	Female
<b>Ethnicity</b>	Asian or Asian British	Black, African, Black British or Caribbean
	Mixed or multiple ethnic groups	White
	Prefer not to say	

<b>Name of Parent/Carer giving consent</b>	
<b>Relationship to test subject</b>	
<b>Signature of Parent/Carer giving consent (typing your name is sufficient if completing the form digitally)</b>	
<b>Date</b>	