

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 15.07.2021.
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 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 Cowes Enterprise College	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)	<input type="checkbox"/>
---------------------	--------------------------

Academy log (tick)	<input type="checkbox"/>
--------------------	--------------------------

Academy use	<input type="checkbox"/>
-------------	--------------------------