**Participant Consent form for in school COVID-19 testing**

Children under 16 need parental consent before the school can carry out a COVID-19 test. This form must be completed by the parent or legal guardian.

Children aged 16 and over and adults may provide consent themselves. Pupils aged 16 and over should discuss participation before completing this form.

This testing is offered to every person in school. We are testing to help identify people who are positive with COVID-19 but do not show any symptoms (this is known as asymptomatic).

If a parent has more than one child at school, they will need to compete more than one form. This is because each child needs their own consent form.

Please read the below and fill in your details at the end. The term ‘participants’ refers to the subject of the test. The subject will be a member of staff or a student of Cedar Mount Academy:

* I have seen the COVID-19 testing leaflet and understand what will happen to participants during testing. I understand the academy may need to test on more than one occasion.
* I am/my child is happy to participate, and understand there may be multiple tests. Participants are able to change their mind at any time. Please email [office@cma.bfet.uk](mailto:office@cma.bfet.uk) if you decide you/they no longer want to be tested.
* I consent to participants having a nose and throat swab (this is for a lateral flow test).
* I consent that the participant sample(s) will be tested for the presence of COVID-19.
* I understand that if the results are negative on the lateral flow test, participants will not be contacted by the school/college unless identified as a close contact of a confirmed positive.
* If the lateral flow test indicates the presence of COVID-19, I understand I/my child must book a confirmation PCR test by visiting [www.gov.uk/get-coronavirus-test](http://www.gov.uk/get-coronavirus-test).
* I consent that I/my child will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
* I agree that if test results are confirmed to be positive from this PCR test, I will report this to the school. If the PCR test is positive, I understand that participants will be required to self-isolate following public health advice.
* As a parent I consent that if a close contact tests positive, but my child has tested negative, my child will continue to attend school but will be tested every day at school for 7 days.
* I have read, understood and agree to the privacy statement linked to the testing process. This can be found <http://bfet.co.uk/wp-content/uploads/2020/09/Covid-Privacy-Notice.pdf>

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| --- | --- |
| Name of participant (print) |  |
| Year group |  |
| Name of parent, guardian or staff (print) |  |
| Signature |  |
| Date |  |

**Submit**