



NHS Test and Trace Consent Form for COVID-19 testing

This consent form is for participation in tests designed to detect asymptomatic COVID-19 cases.

- **Students** – 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 16 years of age or over are legally permitted to consent themselves. However, we request a signed confirmation from a parent/carer that this has been discussed.
- **Staff** will complete this form themselves.

Terms of consent:

1. I have had the opportunity to consider the information provided by Q3 Academy Great Barr about the testing, ask questions, and have had these answered satisfactorily, based on the information presented in the letter dated 4th January 2021 and the Privacy Notice at www.q3academy.org.uk/coronavirus
2. 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 lateral flow tests. I/my child will self-swab if I/my child is able to otherwise I understand that assistance is available. In the case of under 16s or students 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).
4. I understand that there may be multiple tests required and this consent covers all tests for the below named person. If, on the day of testing I/they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.
5. I consent that my/my child's sample(s) will be tested for the presence of COVID-19.
6. I understand that if my/my child's result(s) are negative on the lateral flow test I will not be contacted by the Academy except where I am/they are a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, I consent to having/my child having a nose and throat swab for confirmatory PCR testing. I/they will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.
8. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I/my child is removed from the Academy premises as promptly as possible, bearing in mind I/they may have some anxiety following a positive test result.
9. 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.
10. 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 Academy and I understand that I/my child will be required to self-isolate following public health advice.
11. I consent that if a close contact tests positive but I/my child has tested negative, I/they will have the option to continue to attend the Academy and be tested every day at the Academy for 7 days.

I agree to all the consent statements overleaf.

Student or staff member to be tested:

First Name:

Last Name:

Tutor Group:

Signature (if over 16):

Parent/carer consent (required for all students):

Name of Parent or Legal Guardian giving consent:

Relationship to Student:

Parent/carer signature: Today's Date:

Additional information required:

Student's Date of Birth	
Gender at birth – <i>this information is needed for Department for Health and Social Care research purposes.</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity – <i>this information is needed for Department for Health and Social Care research purposes.</i>	<input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black, African, Black British or Caribbean <input type="checkbox"/> Mixed or multiple ethnic groups <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say
Currently showing any COVID-19 symptoms?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Do NOT attend the Academy at all, if so) If your child has any COVID-19 symptoms, they must register for a Coronavirus test at: www.gov.uk/get-coronavirus-test
Home Postcode	
Email Address – <i>this is where test results will be sent</i>	
Mobile Number – <i>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</i>	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise	