

Consent Form for COVID-19 testing at The Sittingbourne School



Introduction

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.

Terms of consent

1. I have had the opportunity to consider the information provided by the school about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 08/01/21 and the attached Privacy Notice.
2. I consent to having a nose and throat swab for lateral flow tests. I will self-swab.
3. 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on the day of testing I do not wish to take part, then I understand I will not be made to do so and that consent can be withdrawn at any time ahead of the test.
4. I consent that my sample(s) will be tested for the presence of COVID-19.
5. I understand that if my 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.
6. If the lateral flow test indicates the presence of COVID-19, I consent to having a nose and throat swab for confirmatory PCR testing. I will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.
7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I remove myself from the school premises as promptly as possible.
8. I consent that I will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
9. I agree that if my test results are confirmed to be positive from this PCR test, I will report this to the school and I understand that I will be required to self-isolate following public health advice.
10. I understand that if a close contact of myself tests positive but I have tested negative, I will continue to attend school/work but will be tested every day at school for 7 days.

Please fully complete the table of information overleaf and return to Emma Rannard or Babs Parker as soon as possible, thank you.

Should you have any questions, please email emma.rannard@swale.at.

The Sittingbourne School

LATERAL FLOW TESTING CONSENT FORM

Please fully complete all the sections below before returning this form, thank you.

First Name	
Last Name	
Date of Birth	
Gender – this information is needed for the Department for Health and Social Care research purposes.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Ethnicity - this information is needed for the Department for Health and Social Care research purposes.	<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?	
Home Postcode	
Email Address – this is where test results will be sent	
Mobile Number – this is where test results will be sent.	
Signature	
Today's date	
Details of any health or accessibility issues which might affect your safe participation in the testing exercise.	