

**Registration**

To process the test, we will register all participating students

To complete this registration please fill in the form below and complete the attached consent statement.

<b>First Name</b>	
<b>Last Name</b>	
<b>Date of Birth</b>	
<b>Gender at birth</b>	
<b>Currently showing any COVID-19 symptoms?</b>	
<b>Today's date</b>	
<b>Home Postcode</b>	
<b>Email Address</b>	
<b>Mobile Number</b>	

## NHS Test and Trace consent form for COVID-19 testing

This common consent form has been designed for use by parents and guardians of pupils and under 16s, pupils and students over 16 and staff. Underlined sections should be read as applicable and completed as follows:

- **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.

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 29 December 2020.

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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 & 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.

9. I consent that if a close contact of my child tests positive but I / my child has tested negative, I / they will continue to attend school / college but will be tested every day at school / college for 7 days.

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	