



## Consent Form for COVID-19 Testing at CFS, January 2022

### 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.

**Consent relates to pupils and students 16 years and younger** - 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.

### Terms of Consent

1. I have had the opportunity to consider the information provided by CFS about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated December 2021 and the Privacy Notice on the website.
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 my child having a nose and throat swab for lateral flow tests. My child will self-swab if my child is able to otherwise I understand that assistance is available
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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 child's sample(s) will be tested for the presence of COVID-19.
6. I understand that if my child's result(s) are negative on the lateral flow test I will not be contacted by CFS.
7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my child is removed from the school premises as promptly as possible, bearing in mind they may have some anxiety following a positive test result.
8. I understand that they will need to self-isolate following a positive lateral flow test result.

### 9. I confirm that my child has not had Covid in the last 90 days.

Pupil's First Name	
Pupil's Last Name	
Pupil's Year Group	

Parental/Guardian Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_