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## LFT Information and Consent Form

NHS Test and Trace: COVID-19 testing for Staff and Students.

The Prime Minister announced the re-opening of all schools the week beginning Monday 8<sup>th</sup> of March. As a school, we will now be working hard to implement the latest guidance and ensure that the school and staff are fully prepared to welcome the students back on that week.

As part of the return to school, all students and staff will be offered three School rapid tests using Lateral Flow Devices (LFD)s.

The Guidance states:

“Secondary schools should offer pupils testing at an on-site ATS from 8 March. Testing and return of pupils can be phased during the first week to manage the number of pupils passing through the test site at any one time. You should offer 3 tests, 3 to 5 days apart”

Along with the other protective measures we are taking, these tests will help staff and students to return to school safely. Up to one-third of people who have coronavirus experience no symptoms. By testing, we will help to stop the virus spread and ensure our school is as safe as possible.

### **Consent form** for COVID-19 testing in secondary schools and colleges

#### 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. The consent relates to the following groups of students/pupils and staff 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 participate in testing.
  - Pupils and students over 16 who are able to provide informed consent - can complete this form themselves, having discussed participation with their parent/ guardian if under 18.
  - For any pupil or student who does not have the capacity to provide informed consent - 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.
  - Staff will complete this form themselves.
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### 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 above and the attached Privacy Notice.
  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 have/ my child have 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.
  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 school 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 commit to ensuring that I/ my child is removed from school premises as promptly as possible, bearing in mind I/ they may have some anxiety following a positive test result.
  8. I understand that I/ they will need to self-isolate following a positive lateral flow test result.
  9. I agree that if I/ my child's test results are confirmed to be positive from this lateral flow test, I will report this to the School and I understand that I/ my child will be required to self-isolate following public health advice.
  10. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with Government guidance.
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**This is a confirmation slip of consent for the Lateral Flow Test which will be provided at Hafs Academy.**

**Please sign the slip and return it to Hafs Academy by Tuesday 9<sup>th</sup> March 2021.**

**I give consent for my child to participate in the Lateral Flow Testing.**

**Name of Student:**

**Year:**

\_\_\_\_\_  
**Name of Parent/  
Guardian & Email:**

\_\_\_\_\_  
**Signed:**

\_\_\_\_\_  
**Date:**