

**ST ANNE'S ACADEMY STUDENT NHS TEST AND TRACE CONSENT FORM FOR COVID-19 TESTING**

Covid-19 testing is being led by the Department for Health and Social Care to complete testing in schools/colleges for staff and students in Key Stages 3 and above. Taking part in testing is voluntary.

This consent form has been designed for use by parents and carers only of all students and needs to be completed for all students whether giving consent or not.

Please complete all the relevant sections carefully and ensure information provided is correct as this will be submitted to the NHS and contact information used to communicate test results.

By submitting this form you are confirming that you have discussed the testing with your child and your child is happy to participate. If on the day of testing they do not wish to take part, they will not be made to do so.

You are also confirming that, based on the information presented in the letter dated 20th January 2021, you have had the opportunity to consider the information provided by the school about Covid testing, ask questions and have had these answered satisfactorily.

Consent can be withdrawn at any time prior to testing giving 24 hours notice by emailing admin@stannesacademy.org.uk. Similarly, please email the same address if you do not give consent initially but subsequently wish your child to be tested.

Data collected will be kept securely for a minimum of 14 days and will be destroyed within one month of the testing programme ending.

Please read the guidance below and complete the form as appropriate:

* If you ARE giving consent, please complete SECTIONS 1 and 2 before signing and returning the form
* If you are NOT giving consent, please complete SECTION 1 only and return the form to school

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| **Section 1: For all parents/carers to complete.** | | |
| **No.** | **Question** | **Response** |
| 1 | Please enter your child’s surname [legal name] |  |
| 2 | Pleas enter your child’s first name [legal name] |  |
| 3 | Please enter your child’s date of birth |  |
| 4 | Year Group [please tick] | Year 7 ………. Year 8……… Year 9…….  Year 10 ………. Year 11…….. |
| 5 | I give consent to my child having a nose and throat swab for a lateral flow test.  [Please delete as appropriate.] | Yes / No |
| 6 | Name of parent/carer giving consent and completing this form. |  |
| 7 | Please confirm your relationship to the child, e.g. parent, carer, etc. |  |
| 8 | Please confirm that you have parental responsibility for this child. [Please note we can only accept consent forms from those with parental responsibility]. | Yes / No |

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| **Section 2: Please complete this section only if you ARE giving consent for your child to be tested at school.** | | |
| 9 | Please provide a parent/carer's MOBILE phone number (this is where the result will be sent and how you will be contacted in the event of your child being identified as a close contact - please ensure it is correct). |  |
| 10 | Please provide a parent/carer's EMAIL address (this is where the result will be sent - please ensure it is correct). N.B. if you DO NOT have an email address, with your permission, the result can be sent to the school email address [admin@stannesacademy.org.uk](mailto:admin@stannesacademy.org.uk). | Parent/carer email address:……………………………………….……………………………………………………  ……………………………………………………  Or,  I give permission to send my child’s result to the Academy admin email address: Yes / No |
| 11 | Please enter your postcode |  |
| 12 | Is the student a child under the care of the Local Authority?  [Please delete as appropriate.] | Yes / No |
| 13 | Does your child have additional needs [SEND]?  [Please delete as appropriate.] | Yes / No |
| 14 | If your child has additional needs [SEND], are they able to carry out the swab test themselves?  [Please delete as appropriate.] | Yes / No |
| 15 | My child has frequent nose bleeds and/or is a haemophiliac and/or is unable to have a nasal swab.  [Please delete as appropriate.] | Yes / No |
| 16 | I give consent to my child’s sample(s) being tested for the presence of Covid-19.  [Please delete as appropriate.] | Yes / No |
| 17 | If the lateral flow test indicates the presence of Covid-19, I understand and give consent that my child, and the whole household, will need to self-isolate in accordance with government guidance.  [Please delete as appropriate.] | Yes / No |
| 18 | I give consent that if a close contact of my child tests positive but my child has tested negative, my child will follow government guidance in respect of self-isolation. | Yes / No |
| 19 | Please enter your child’s gender [please tick one option]. This is needed for the Department of Health and Social Care research purposes: | Male \_\_\_\_\_  Female \_\_\_\_\_ |

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| 20 | Please enter your child’s ethnicity [please tick one option]. This is needed for the Department of Health and Social Care research purposes: | Any other Asian background \_\_\_\_\_  Any other Black background \_\_\_\_\_  Any other ethnic group \_\_\_\_\_  Any other mixed background \_\_\_\_\_  Any other white background \_\_\_\_\_  Bangladeshi \_\_\_\_\_  Black – African \_\_\_\_\_  Black – Caribbean \_\_\_\_\_  Chinese \_\_\_\_\_  Indian \_\_\_\_\_  Pakistani \_\_\_\_\_  White – British \_\_\_\_\_  White – Irish \_\_\_\_\_  White and Asian \_\_\_\_\_  White and Black African \_\_\_\_\_  White and Black Caribbean \_\_\_\_\_  Do not wish to provide \_\_\_\_\_ |

Thank you for completing this form. Please return it to school by scanning/emailing an electronic copy to [admin@stannesacademy.org.uk](mailto:admin@stannesacademy.org.uk) or by returning a paper copy to the Admin office.