NHS TEST AND PROTECT CONSENT FORM for COVID 19 Testing

This common consent form has been designed for use by: staff; parents and guardians of senior phase pupils under 16; and senior phase pupils over 16.

- **for pupils younger than 16 years,** this form must be completed by the parent or legal guardian. Remember to complete **one consent form for each child** you wish to enrol.
- **for pupils over 16 who are able to provide informed consent**, this form can be completed by themselves, having discussed participation with their parent/guardian.
- **for any pupil who does not have the capacity to provide informed consent** - this form must be completed by the parent or legal guardian.
- **staff** will complete this form themselves.

This COVID 19 testing programme is being led by the Department for Health and Social Care and the Scottish Government to provide asymptomatic testing in schools for staff and senior pupils.

Taking part in testing is voluntary. There is no expectation or obligation to participate. Nobody should be required to undergo testing without consent, and nobody should be excluded from school if they do not wish to test.

Please read the following sections, complete the questions below and return this form to the school as soon as possible:

I have had the opportunity to consider the information provided to me by the school about this testing programme in the letter dated __/__/__. I have had the opportunity to ask any questions about the programme and, if I have, I have had these answered satisfactorily.

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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.

	YES	NO
1. I consent to participate/ my child participating in this testing programme.		
2. I consent to my / my child's data being held in accordance with the terms in the data privacy notice.		
3. I agree that if my / my child's test results are confirmed to be positive, I / my child will inform the school to support contact tracing.		
4. I consent and agree to accurately recording all of my/my child's test results at www.gov.uk/report-covid19-result or by calling 0300 303 2713.		

(PLEASE SIGN AND DATE THE APPROPRIATE SECTION ON PAGE 2)

Staff name: (PRINT) _____

Signature:_____

Date: _____

……

Name of Pupil: (PRINT) _____

Year group: _____

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Name of Parent/Guardian: (PRINT)_____

Signature:_____

Date: _____

Relationship to child: _____