**Consent form for COVID-19 testing at Unity College**

**Terms of consent**

1. I have had the opportunity to consider the information provided by the college on the website about the testing and Privacy Notice.

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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 / or throat swab for lateral flow tests. My child will self swab, otherwise I understand that I will be contacted to support my child whilst they self swab. I have discussed the testing with my child and they are happy to participate and self-swab.

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day of testing they do not wish to take part, then I understand they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 the college except where they are a close contact of a confirmed positive case.

7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my child is removed from college premises as promptly as possible.

8. If the lateral flow test indicates the presence of COVID-19, I understand that my child will need to have a PCR test.

9. I consent that they will need to self-isolate following a positive lateral flow test result, until the results from the PCR test have been received.

10. I agree that if my child’s test results are confirmed to be positive from this test (PCR test), I will report this to the college and I understand that my child will be required to self-isolate following public health advice.

**If you give consent for your child to be tested for COVID-19 please fill in the form overleaf and ensure that your child returns this to the headteacher’s office. Please ensure you fill in all parts of the form.**

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| **Child’s name** |  |
| **Year group**  |  |
| **Child’s date of birth** |  |
| **Home Address including postcode** |  |
| **Email Address** – this is where test results will be sent  |  |
| **Mobile Number** – this is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number. |  |
| **Name of parent/carer giving consent**  |  |
| **Signature of parent/carer** |  |
| **Today’s date** |  |
| Details of any health or accessibility issues which might affect a child’s safe participation in the testing exercise.  |  |