 CENTRAL FOUNDATION BOYS’ SCHOOL

COWPER STREET, LONDON, EC2A 4SH

**NHS Test and Trace CONSENT FORM for COVID-19 testing for students of**

**Over 16 years**

Students over 16 **c**an complete this form themselves, having discussed participation with their parent / guardian if under 18.

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 dated 1st January 2021.

2. I have discussed the testing with my parents/guardians and they are happy for me to participate. If on the day of testing I do not wish to take part, then I will not be made to do so and consent can be withdrawn at any time ahead of the test.

3. I consent to having a nose and throat swab for a lateral flow test.

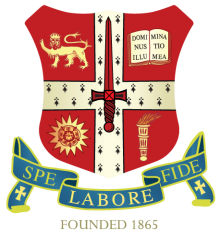
4. I consent that my sample(s) will be tested for the presence of COVID-19.

5. If the lateral flow test indicates the presence of COVID-19, I consent to having a nose and throat swab for confirmatory PCR testing, which shall be sent the same day to an NHS Test & Trace laboratory.

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

7. I agree that if my test results are confirmed to be positive from this PCR test, I will report this to the school and I understand that I will be required to self-isolate following public health advice.

|  |  |
| --- | --- |
| Name of student to be tested (print) |  |
| Year group |  |
| Signature (student) |  |
| Date |  |
| Name of parent or guardian |  |
| Relationship to child |  |

 CENTRAL FOUNDATION BOYS’ SCHOOL

COWPER STREET, LONDON, EC2A 4SH

**Registration**

To process the test, we will register all participating students.

To complete this registration please fill in the form below and complete the above consent statement.

**Student information:**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Date of Birth** |  |
| **Gender at birth** |  |
| **Currently showing any COVID-19**  **symptoms?** |  |
| **Today’s date** |  |
| **Home Postcode** |  |
| **Email Address** |  |
| **Mobile Number** |  |