 CENTRAL FOUNDATION BOYS’ SCHOOL

COWPER STREET, LONDON, EC2A 4SH

### NHS Test and Trace CONSENT FORM for COVID-19 testing for 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 enrol.

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 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 throat swab for a lateral flow test.

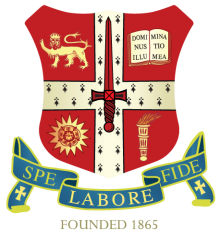
4. I consent that my child’s sample(s) will be tested for the presence of COVID-19.

5. If the lateral flow test indicates the presence of COVID-19, I consent to my child 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 my child 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 child’s test results are confirmed to be positive from this PCR test, I will report this to the school and I understand that my child will be required to self-isolate following public health advice.

|  |  |
| --- | --- |
| Name of student to be tested (print) |  |
| Year group (if applicable) |  |
| Name of parent or guardian if under 16 (print) |  |
| Signature |  |
| Date |  |
| Relationship to child if under 16 |  |

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**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** |  |