



CAVENDISH SCHOOL

Head Teacher: Sara Craggs NPQH, B.Ed.

Lady Gomm House
58 Hawkstone Road
London
SE16 2PA

Phone: 020 7394 0088

Fax: 020 7394 1015

www.cavendish-school.org
info@cavendish-school.net

Consent form for COVID-19 testing in secondary schools and colleges

For schools and colleges: using this form

Schools and colleges may wish to add to this consent form to reflect their local circumstances. For example, to ensure that parents make necessary arrangements for the collection of children in the event of positive results. However, this form has been designed to ensure that all the necessary information is collected for consent and online test subject registration purposes – therefore schools and colleges **must not remove** any of the information below.

Schools and colleges may wish to hold the information collected in their COVID-19 Test Register (see p.29 of Schools How to Guide for more information). This information must be kept securely for a minimum of 14 days and be destroyed within 1 month testing programme ending.

Introduction

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow [government guidelines to self-isolate](#), even if they have had a recent negative lateral flow test.

Consent relates to the following groups of students/pupils and staff as follows:

- **For pupils and 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 participate in testing.
- **Pupils and students over 16 who are able to provide informed consent** - can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- **For any pupil or student who does not have the capacity to provide informed consent** - this form must be completed by the parent or legal guardian. Please complete one consent form for each child you wish to participate in testing.
- **Staff** will complete this form themselves.



Registered Office: Omega House 112 Main Road, Sidcup Kent DA14 6NE
Registration Number: 3716452

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Terms of consent

1. I have had the opportunity to consider the information provided by the school/college about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated [DD/MM/YYYY] and the attached Privacy Notice.
2. In the case 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.
3. I consent to having / my child having a nose and throat swab for lateral flow tests. I / my child will self-swab if I / my child is able to otherwise I understand that assistance is available
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 I / they do not wish to take part, then I understand I / 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 / my child's sample(s) will be tested for the presence of COVID-19.
6. I understand that if my /my child's result(s) are negative on the lateral flow test I will not be contacted by the school/college except where I am / they are a close contact of a confirmed positive.
7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that I / my child is removed from school premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.
8. I understand that I / they will need to self-isolate following a positive lateral flow test result.
9. I agree that if my / my child's test results are confirmed to be positive from this lateral flow test, I will report this to the school / college and I understand that I / my child will be required to self-isolate following public health advice.
10. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with Government guidance.



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First Name	
Last Name	
Year group (if applicable)	
Date of Birth	
Gender – this information is needed for Department for Health and Social Care research purposes.	Male/Female
Ethnicity - this information is needed for Department for Health and Social Care research purposes.	Asian or Asian British Black, African, Black British or Caribbean Mixed or multiple ethnic groups White Prefer not to say
Currently showing any COVID-19 symptoms?	
Home 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/guardian giving consent	
Relationship to test subject	
Signature (typing out your name is sufficient if you are filling in this form digitally)	
Today's date	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	



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