

CTLC Pupil Registration and Consent Form

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

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

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	

NHS Test and Trace consent form for COVID-19 testing

This common consent form has been designed for use by parents and guardians of pupils and under 16s, pupils and students over 16.

• **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 enroll.

• **Pupils and students over 16** can 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/college about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 21.12.20.
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 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. I understand that if my child result(s) are negative on the lateral flow test I will not be contacted by CTLC except where they are a close contact of a confirmed positive.
6. 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.
7. I consent that they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
8. I agree that if my child's test results are confirmed to be positive from this PCR test, I will report this to CTLC and I understand that my child will be required to self-isolate following public health advice.
9. I consent that if a close contact of my child tests positive but my child has tested negative, they will continue to attend CTLC but will be tested every day at CTLC for 7 days.

Name of pupil to be tested (print)	
Name of parent or guardian if under 16 (print)	
Signature	
Date	

Relationship to child if under 16	
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