

PERMISSION SLIP

YOU MUST BRING THIS WITH YOU ON 4TH JANUARY

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 and staff.

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 enrol.

Pupils and students over 16 can complete this form themselves, having discussed participation with their parent / guardian if under 18.

1. 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.
2. I consent to having / my child having a nose swab for a lateral flow test.
3. I consent that my / my child's sample(s) will be tested for the presence of COVID-19.
4. I understand that if my child(s) are negative on the lateral flow test I will **not** be contacted by the school
5. I consent to the sharing of my child's data, outlined in the privacy notice, with the appropriate NHS website

PLEASE COMPLETE THE TABLE BELOW

YOUR CHILD MUST BRING THE FORM ON 4TH JANUARY

NAME OF STUDENT:				
DATE OF BIRTH:				
GENDER:				
ETHNICITY – PLEASE INDICATE AS APPROPRIATE	<ul style="list-style-type: none"> • WHITE BRITISH • BANGALDESHI • PAKISTANI 	<ul style="list-style-type: none"> • OTHER ASIAN • BLACK • BLACK AFRICAN 	<ul style="list-style-type: none"> • INDIAN • BLACK CARIBBEAN • BLACK OTHER 	<ul style="list-style-type: none"> • CHINESE • MIXED • TRAVELLER
FIRST LINE OF ADDRESS:				
POSTCODE:				
PARENT/CARER E-MAIL:				
PARENT/CARER MOBILE NUMBER:				
PARENT/CARER SIGNATURE & DATE:				
RELATIONSHIP TO CHILD IF UNDER 16:				