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26th January 2021

Consent Form for Covid-19 Testing in Lady Margaret School

Introduction

This common consent form has been designed for use by;

- **Parents and guardians of students under 16**
- **Students over 16**
- **Staff**

Underlined sections should be read 'as applicable' 'and completed as follows:

- **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 participate in testing.
- **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.
- **Staff** will complete this form themselves.

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 26th January 2021 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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.
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testing I / they do not wish to take part, then I understand I / they will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 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 consent to having / my child having a nose and throat swab for confirmatory PCR testing. I/they will follow the instructions on the PCR Kit to return the test the same day to an NHS Test & Trace laboratory.
8. 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.
9. I consent that I / they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
10. I agree that if my / 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 I/ my child will be required to self-isolate following public health advice.
11. I consent that if a close contact of my child tests positive but I / my child has tested negative, I / they will continue to attend school but will be tested every day at school / college for 7 days.

PLEASE CLICK ON THE GOOGLE FORM THAT WAS EMAILED TO YOU INORDER TO GIVE YOUR CONSENT