All Saints Catholic College

A Voluntary Academy

Birch Lane, Dukinfield, Cheshire, SK16 5AP Tel: 0161 338 2120 Fax: 0161 338 9750 email: schooloffice@allsaintscatholiccollege.com www.allsaintscatholiccollege.com



Be inspired. Be excellent. Succeed.

Head of School: Gus Diamond Executive Headteacher: John Cornally

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 February 2021 and the Privacy Notice, which can be found on the school website.

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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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. <u>I consent to having / my child having</u> a nose and throat swab for lateral flow tests. <u>I / my child</u> will self-swab if <u>I / my child</u> is able to otherwise I understand that assistance is available. In the case of under 16s or pupils who are not able to provide informed consent, I have discussed the testing with my child and they are happy to participate and self-swab (with assistance if required).

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 $\frac{1}{\text{they}}$ do not wish to take part, then I understand $\frac{1}{\text{they}}$ will not be made to do so and that consent can be withdrawn at any time ahead of the test.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 <u>my /my child's</u> result(s) are negative on the lateral flow test I will not be contacted by the school/college except where <u>I am / they are</u> a close contact of a confirmed positive.

7. If the lateral flow test indicates the presence of COVID-19, I consent to <u>having / my child</u> <u>having</u> 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 $\underline{I/}$ <u>my child</u> is removed from school premises as promptly as possible, bearing in mind $\underline{I/}$ 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 / college and I understand that I/ my child will be required to self-isolate following public health advice.