

NHS TEST AND PROTECT CONSENT FORM for COVID 19 Testing

For pupils younger than 16 years, this form must be completed by the parent or legal guardian. Remember to complete one consent form for each child you wish to enrol.

This COVID 19 testing programme is being led by the Department for Health and Social Care and the Scottish Government to provide asymptomatic testing kits in schools for staff senior pupils.

Taking part in testing is voluntary. There is no expectation or obligation to participate in home testing. Nobody should be required to undergo testing or pick up test kits without consent, and nobody should be excluded from school if they do not wish to test at home.

- **Please read the following sections, complete the questions below and email your form from an email address registered with school ie either parental email address or pupil glow email address to ellon.aca@aberdeenshire.gov.uk as soon as possible:**

I have had the opportunity to consider the information provided to me by the school about this home testing programme in the letter dated Dec 2021. I know I can contact the school to ask any questions about the programme and, if I have, I have had these answered satisfactorily.

For parents/carers/guardians of under 16s: I have discussed the home testing with my child and my child is happy to participate and pick up test kits from school. If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time.

Please tick the box/type initials in the following boxes as appropriate:

1. I consent to my child participating in this home testing programme
2. I consent to my child's data being held in accordance with the terms in the data privacy notice
3. I agree that if my child's test results are confirmed to be positive, I will inform the school to support contact tracing
4. I consent and agree to accurately recording all of my child's test results at www.gov.uk/report-covid19-result or by calling 0300 303 2713

YES	NO

Name of Pupil: (PRINT) _____

Registration Class: _____

Age of pupil: _____

Name of Parent/Guardian: (PRINT) _____

*Signature of Parent/Guardian _____

**if form is returned from an email address registered with the school, signature is not required*

Date: _____

Relationship to child: _____