



**St Cuthbert's
Catholic High School**
Live life in all its fullness

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2nd March 2021

Dear parent/guardian/carer

Asymptomatic testing

Upon return to school, from 8 March, all secondary aged students (year 7 and above) will be tested 3 times on site at the school testing site. The tests will be taken 3 to 5 days apart. Once students have had one negative test result they can return to school.

After this, all secondary aged students will be given home test kits and will be asked to regularly test themselves twice a week at home and report results to NHS Test and Trace, as well as with school. The home test kits will include instructions for testing and reporting results. School will retain its own small testing site so that students who are unable to test themselves at home can still participate.

If your child is aged 12 to 17 they will need adult supervision to self-test and report. You or another adult may conduct the test if necessary. If your child is aged 11 you or another adult should conduct the test.

If your child tests positive, they will need to:

- self-isolate in line with the [stay at home guidance](#) (if they test positive at school, we will call you and you should [arrange for them to be collected](#))
- [book a further test](#) (a lab-based polymerase chain reaction (PCR) test) to confirm the result, if the test was done at home

Testing is voluntary and your child will not be tested unless you (or another parent or carer) have given informed consent. The consent form is available below. Please complete and click submit.

We strongly encourage you and your child to take part, to help us break chains of transmission and manage the virus. Your child will not be stopped from returning to school if you or they choose not to be tested, and will return to face-to-face education in line with school's arrangements as outlined in my last letter. Anyone with symptoms, whether they are involved in this programme or not, should [book a free NHS test](#) and follow government self-isolation guidance until the results of their test are known.

If you have any questions about the asymptomatic testing programme, please speak to your child's head of year in the first instance.

Please submit the consent form by 3pm on Thursday, 4th March, 2021.

Yours faithfully

C. A. Twist
Mrs C Twist
Headteacher



Consent form for COVID-19 testing in secondary schools

Introduction

This consent form is for participation in tests designed to detect asymptomatic coronavirus cases. Anyone experiencing symptoms should follow [government guidelines to self-isolate](#), even if they have had a recent negative lateral flow test.

Consent relates to the following groups of students/pupils and staff as follows:

- **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 participate in testing.
- **Pupils and 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.
- **For any pupil or student who does not have the capacity to provide informed consent** - 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.
- **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 [DD/MM/YYYY] and the [Privacy Notice](#) available 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. I consent to my child having a nose and throat swab for lateral flow tests. My child will self-swab if my child is able to otherwise I understand that assistance is available

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 they do not wish to take part, then I understand 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 child's sample(s) will be tested for the presence of COVID-19.

6. I understand that if my child's result(s) are negative on the lateral flow test I will not be contacted by the school/college except where they are a close contact of a confirmed positive.

7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my child is removed from school premises as promptly as possible, bearing in mind they may have some anxiety following a positive test result.

8. I understand that they will need to self-isolate following a positive lateral flow test result.

9. I agree that if my child's test results are confirmed to be positive from this lateral flow test, I will report this to the school and I understand that my child will be required to self-isolate following public health advice.

10. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 days in line with Government guidance.

First Name	
Last Name	
Year group (if applicable)	
Date of Birth	
Gender – this information is needed for Department for Health and Social Care research purposes.	Male/Female
Ethnicity - this information is needed for Department for Health and Social Care research purposes.	Asian or Asian British Black, African, Black British or Caribbean Mixed or multiple ethnic groups White Prefer not to say
Currently showing any COVID-19 symptoms?	
Home Postcode	
Email Address – this is where test results will be sent.	
Mobile Number – this is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number.	
Name of parent/guardian giving consent	
Relationship to test subject	
Signature (typing out your name is sufficient if you are filling in this form digitally)	

Today's date	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	