



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

Berrys Lane
Sutton, St. Helens
WA9 3HE

Web: stcuthberts.com
Tel: 01744 678123
Email: hello@stcuthberts.com

Headteacher:
Mrs Catherine Twist B. Ed
Fax No: 01744 678127

17 June 2021

Dear parents/carers

COVID Lateral Flow Testing in school

Due to the latest data across St Helens, we are returning to testing on site in secondary schools – this will be in addition to the current home testing arrangements already carried out by students and staff twice weekly.

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 then click submit.**

Please submit the consent form by 8am on Monday, 21st June 2021.

Alternatively, you can contact us via email at hello@stcuthberts.com.

Thank you for your continued support in keeping everyone in our school community safe.

Yours faithfully

Mrs C Twist
Headteacher

PARENTAL REPLY SLIP - NHS Test and Trace consent form for COVID testing

This common consent form has been designed for use by parents and carers of students under 16. The following 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 enrol.

1. I have had the opportunity to consider the information provided by the school about the testing, ask questions and have had these answered satisfactorily, based on the information presented in the letter dated 17th June 2021.
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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.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 a lateral flow test.
4. I consent that my child's sample(s) will be tested for the presence of COVID-19.
5. I understand that if my child's result(s) are negative on the lateral flow test I will not be contacted by the school except where they/you are a close contact of a confirmed positive.
6. If the lateral flow test indicates the presence of COVID-19, I will arrange for a confirmatory PCR test to take place.





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7. I consent that they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
8. I agree that if 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 my child will be required to self-isolate following public health advice.

YES, I give consent for my child to receive the lateral flow testing in school and agree to the terms listed above.

NO, I do not give consent and do not wish my child to receive the lateral flow testing in school.

**Name of student to be tested (print)
Year group/form**

**[FULLSTUDENTNAME]
[REG]**

Name of parent or carer if under 16 (print)

Signature

Date

Relationship to child if under 16

