



**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

21 July 2021

Dear parent/carers

Consent form for COVID-19 Testing in school

Thank you for your continued engagement in the Covid-19 testing programme. Please continue to encourage your child to test twice weekly and report the results until the end of the summer term. The asymptomatic testing programme is being paused for students in secondary schools and colleges that will be closed over the summer holidays.

If you or your child are not attending a setting over the summer but wish to access rapid lateral flow testing, you can continue to do so by ordering LFD test kits from GOV.UK or by collecting kits from your local pharmacy.

If your child is joining us in September, they will start testing on arrival in the autumn term.

We are unsure about the Covid situation we will face in the autumn, so we want to be prepared for all scenarios. Subject to public health advice, testing may restart on return in the autumn. If it does, we expect to offer your child two tests on-site before continuing regular testing at home as outlined in my end of summer term letter to parents/carers – [link here](#).

This is the most effective way to reduce the risk of transmission and support the continuation of face-to-face education. We recognise, however, the need to minimise any disruption to education and to continue to support your child's mental wellbeing. The government will continue to review the future need for testing in light of any changes to the public health situation.

You must report your child's test results, even if their result is negative or void. You should also keep a note of and share your child's results with their school – [link here](#)

Reporting results is easy. Go to [report a COVID-19 lateral flow test result](#) or call 119 free from a mobile or landline. Lines are open every day, 7am to 11pm. Support is offered in 200 languages as well as British Sign Language.

Testing twice weekly is helping us stay ahead of the virus by spotting new outbreaks quickly and plan our response. The preparations that schools and colleges are advised to take are subject to further public health advice and the latest position on prevalence of the COVID-19 virus.

Please submit the consent form at the end of this letter by 8am on Wednesday, 1st September 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





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COVID-19 School Testing CONSENT FORM from September 2021: please complete and return ASAP (by 01.09.2021)

Introduction

This consent form is for participation in tests at an ATS 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 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.

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 [19/07/2021] 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 my child having a nose and/or 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. 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.
7. I agree that if my child's test results are confirmed to be positive from this lateral flow test I understand that my child will be required to self-isolate and [book a confirmatory PCR](#) test following public health advice.

Please tick one of the 3 boxes below:

* **YES**, I give consent for my child to receive the lateral flow testing in school and council mobile testing, and agree to the terms listed above. I also give consent for my child to receive the lateral flow home testing kits.

* **YES**, I give consent for my child to receive the lateral flow home testing kits only, and agree to the terms listed with the home testing kits.

* **NO**, I do not give consent and do not wish my child to receive the lateral flow testing in school, the council mobile testing or the lateral flow home testing kits.





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Now complete the details below:

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.	<ul style="list-style-type: none"> • Male/Female
Ethnicity - this information is needed for Department for Health and Social Care research purposes.	<ul style="list-style-type: none"> • 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 student	
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.	

Thank you for completing this form – please now press submit

