



**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

5 November 2021

Dear parents/carers

**We know how important it is for you to be able to send your child to school.**

At St Cuthbert's Catholic High School, we are taking a number of measures to help prevent the spread of Coronavirus, including:

- Encouraging all staff to test regularly, to minimise the risk of our teachers giving your child or other children Covid;
- Ensuring our staff and children practice good hygiene;
- Making sure our spaces are well ventilated; and;
- Encouraging all members of our community to isolate and book a [PCR test](#) should they develop symptoms of the virus.

**We are also asking all parents to encourage their children to test regularly at home and to report each result.** Up to one in three people who have COVID-19 can spread the virus without knowing. This is because they have no symptoms. We are therefore asking all parents to encourage their children to test at home on **Sundays and Wednesdays** and help us to keep St Cuthbert's open.

In addition, we have the St Helens Council mobile testing unit attending our school site once a week to carry out testing on students whose parents/carers have given their consent for their child to be tested in school.

This letter has gone out to all parents of children at St Cuthbert's Catholic High School asking them to regularly encourage their children to test and to report each result. **If you have not previously given consent for your child to be tested in school and/or receive the home test kits, and you now wish to do so, please complete the consent at the end of this letter.** If you have previously given consent and you wish to continue doing so, please select the appropriate box to confirm this.

Your child will be able to collect home test kits from Mrs Jaundrill, our Medical Assistant and bring them home with them - each week. Please ask your child if they have received these and help them to take the test and report their results. Testing is free of charge.

The tests will come with guidance in multiple languages on how to take the test. You can also see this useful video to show you [how to take the test](#) - tests usually take a few minutes to do and you get the results in 30 minutes. Then all you need to do is to report the result to:

- **NHS Test and Trace:** <https://www.gov.uk/report-covid19-result>
- **To St Cuthbert's by following the link:** <https://forms.office.com/r/7MCibTXcfW>

**Financial support is available if your child tests positive and you need to self-isolate**

If you are unable to work due to your child having, or displaying symptoms of, COVID-19, you may be entitled to a one-off payment of £500 through the [NHS Test and Trace Support Payment scheme](#) if you are required to stay at home and self-isolate.

You will be eligible if you live in England and meet all the following criteria:

- you have been asked to self-isolate by NHS Test and Trace, including by the NHS COVID-19 app
- you are employed or self-employed
- you cannot work from home and will lose income as a result
- you are claiming at least one of the following benefits:
  1. Universal Credit
  2. Working Tax Credits





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3. income-related Employment and Support Allowance
4. income-based Jobseeker's Allowance
5. Income Support
6. Pension Credit or Housing Benefit

By testing your child on Sundays and Wednesdays you will help us to reduce transmission of Coronavirus, keep your child in school and St Cuthbert's open to minimise disruption to their education and to you and your household.

Please contact Mrs Jaundrill, our COVID Co-ordinator, if you have any questions or concerns about home testing.

Thank you for your support.

Yours faithfully

Mrs C Twist  
**Headteacher**

/...continued overleaf





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## **COVID-19 School Testing CONSENT FORM from November 2021:** please complete and return ASAP

### **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 [05/11/2021] 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 via the 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 via the council mobile testing or the lateral flow home testing kits.





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**Now complete the details below:**

<b>First Name</b>	
<b>Last Name</b>	
<b>Year group (if applicable)</b>	
<b>Date of Birth</b>	
<b>Gender</b> – this information is needed for Department for Health and Social Care research purposes.	<ul style="list-style-type: none"> <li>• Male/Female</li> </ul>
<b>Ethnicity</b> - this information is needed for Department for Health and Social Care research purposes.	<ul style="list-style-type: none"> <li>• Asian or Asian British</li> <li>• Black, African, Black British or Caribbean</li> <li>• Mixed or multiple ethnic groups</li> <li>• White</li> <li>• Prefer not to say</li> </ul>
<b>Currently showing any COVID-19 symptoms?</b>	
<b>Home Postcode</b>	
<b>Email Address</b> – this is where test results will be sent.	
<b>Mobile Number</b> – 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.	
<b>Name of parent/guardian giving consent</b>	
<b>Relationship to student</b>	
<b>Signature</b> (typing out your name is sufficient if you are filling in this form digitally)	
<b>Today's date</b>	
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**

