



COVID-19 Rapid Flow Test Consent Form

Children under 16 need parental consent before the school can carry out a COVID-19 test. This form must be completed by the parent or legal guardian. This testing is offered to every child in school. We are testing to help identify children who are positive with COVID-19 but do not show any symptoms (this is known as asymptomatic). If you have more than one child at school, you will need to complete more than one form. This is because each child needs their own consent form.

Please read the below and fill in your details at the end.

- I have seen the COVID-19 testing leaflet and understand what will happen to my child during testing.
- 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 take the test.
- You are able to change your mind at any time. Please email info@compass-schools.com if you decide you no longer want your child to be tested.
- I consent to my child having a nose and throat swab (this is for a lateral flow test).
- I consent that my child’s sample(s) will be tested for the presence of COVID-19.
- I understand that if my child’s results 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.
- If the lateral flow test indicates the presence of COVID-19, I will make arrangements for my child to have a PCR test through the NHS.
- I understand that my child will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.
- 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. If the PCR test is positive, I understand that my child will be required to self-isolate following public health advice.
- I consent that if a close contact of my child tests positive but my child has tested negative, my child will continue to attend school but will be tested every day at school for 7 days.

Name of pupil to be tested (print)	
Year group	
Date of birth of the pupil	
Name of parent or guardian (print)	
Relationship to the pupil	
What is the best contact telephone number for us to reach you?	
Signature I consent for my child to be tested in line with the information provided above and that provided by the school. See https://compass-schools.com/for-parents/	
Date	