



St Peter's RC High School
Headteacher: Mr S Gabriel BSc., MSc., MBA.

CONSENT FORM INFORMATION

This common consent form has been designed for use by parents and carers of pupils and under 16s, pupils and students over 16.

- 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 consent to testing
 - Pupils and students over 16 can complete this form themselves, having discussed participation with their parent / carer if under 18
1. I have had the opportunity to consider the information provided by the school about the testing and ask any questions
 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 If on the day of testing, they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test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 having / my child having a nose and throat swab for a LFT test
 4. I consent that my / my child's sample (s) will be tested for the presence of COVID-19
 5. I agree that if my child's test results are confirmed to be positive from this LFT test, I will be notified by the school and I understand that I / my child will be required to self-isolate in line with public health advice

