**NHS TEST AND PROTECT CONSENT FORM for COVID 19 Testing**

**This Consent Form is for PKC School S4-S6 Pupils**

This COVID 19 testing programme is being led by the Department for Health and Social Care and the Scottish Government to provide asymptomatic testing in schools for staff.

**Taking part in testing is voluntary.** There is no expectation or obligation to participate. Nobody should be required to undergo testing without consent and nobody should be excluded from school if they do not wish to take part.

**Please read the following sections, complete the questions below and return this form to the school as soon as possible:**

Pupils who are 16 years or over who are able to provide informed consent can complete this form themselves, having discussed it with their parent / guardian.

For pupils who are under 16, this form must be completed by the parent / guardian.

I have had the opportunity to consider the information provided to me by the school about this testing programme in the letter dated 17/02/2021. I have had the opportunity to ask any questions about the programme and, if I have, I have had these answered satisfactorily.

Please sign below if you agree to the following: -

1. I consent to participate / my child participating in this testing programme
2. I have understood that my / my child’s personal data will be held and shared in accordance with the Privacy Notice
3. I agree that if my / my child’s test results are confirmed to be positive, I will inform the school to support contact tracing
4. I agree to accurately record all of my / my child’s test results at [www.gov.uk/report-covid19-result](http://www.gov.uk/report-covid19-result) or by calling 0300 303 2713
5. For parents/carers/guardians 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.

**Pupil:** (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian:**(PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be processed by Perth & Kinross Council solely for the purpose of administering the COVID 19 testing programme in schools.