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

**CONSENT FORM - STUDENTS**

**This common consent form has been designed for use by: parents and guardians of students under 16; and students over 16. Underlined sections should be deleted as applicable and the form should be completed as follows:**

* **for students younger than 16 years,** this form must be completed by the parent or legal guardian. Remember to complete **one consent form for each child** you wish to enrol.
* **for students over 16** **who are able to provide informed consent**, this form can be completed by themselves, having discussed participation with their parent/guardian.
* **for any student who does not have the capacity** **to provide informed consent** - this form must be completed by the parent or legal guardian.

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 colleges and the University of the Highlands and Islands (UHI).

**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 college/campus if they do not wish to test.

Please read the following sections, complete the questions below and return this form to the college/UHI as soon as possible:

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

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.

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 data will be held and shared in accordance with the data privacy notice.
3. I agree that if my / my child’s test results are confirmed to be positive, I / my child will inform the college/UHI 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.

**Name of Student:** (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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