



MILLOM SCHOOL

Headteacher: Mr M. D Savidge

Ref: MDS/SM/libcydbbj21d

6 December 2021

Dear Parent/Carer(s)

As Christmas approaches, we are starting to make plans for the safe return to school in January 2022. As part of this reopening, the government have tasked schools with offering a Lateral Flow Test to all students in order to identify any asymptomatic cases of Covid 19. The purpose of these tests is to protect the school and the wider community from the potential for Covid 19 to spread through asymptomatic infection.

These tests will be offered in school, during the course of the school days upon their return, supplementing the testing taking place at home prior to the return to school.

Further detail regarding dates and times of tests will follow, the purpose of this letter is to gather consent, allowing us to make appropriate plans.

Having the lateral flow tests is voluntary but the government are strongly recommending that students take part in order to support the safe reopening of school. Please follow the link below if you would like to give consent for your child to be tested. The deadline for this consent is 12:00 (Midday) on Thursday 9 December 2021.

<https://forms.office.com/r/DH6RF6yE7f>

As ever, should you have any queries regarding this, please contact the school using the genenquiries@millom.cumbria.sch.uk

Yours faithfully

M D Savidge
Headteacher

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Consent form for COVID-19 testing in secondary schools

Introduction

This consent form is for participation in Polymerase Chain Reaction (PCR) tests designed to detect 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/pupils and staff as follows:

- **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 participate in testing.
- **Pupils and students over 16 who are able to provide informed consent** - can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- **For any pupil or student who does not have the capacity to provide informed consent** - 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.
- **Staff** will complete this form themselves.

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 and the attached Privacy Notice.
2. In the case of under 18s, 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 PCR tests. I / my child will self-swab if I / my child is able to otherwise I understand that assistance is available
4. I understand that there may be multiple tests required if PCR surge testing is required over a period of time in Cumbria and this consent covers all tests for the below named person. If, on the day of testing I / they do not wish to take part, then I understand I / 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 / my child's sample(s) will be sent to a laboratory and:
 - tested for the presence of COVID-19
 - and may undergo further testing to identify which variant of COVID-19 is present
6. I understand that if my /my child's result(s) are negative on the PCR test, I will still be contacted to confirm this on the contact mobile number provided during registration. A confirmation message will not be received if the mobile number is incorrect or not provided.
7. If my child is at school when notified of a positive result, I commit to ensuring that my child is removed from school premises as promptly as possible, bearing in mind I / they may have some anxiety following a positive test result.
8. I understand that I / they will not need to self-isolate whilst awaiting the test result.

9. I agree that if my / my child's test results are confirmed to be positive from this PCR result, a copy of the result will be sent to the school email address, and I understand that I/ my child, household members and other close contacts will be required to self-isolate following public health advice.

10. I understand that if a close contact of my child tests positive that my child will self-isolate for 10 full days in line with Government guidance.