# Appendix A – Consent Form (BGE)

# Description: The Mark 20mm CMYK

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|  **Executive Director of Education Services** **Education Glasgow City Council**Maureen McKenna City Chambers East Building 40 John Street Glasgow G1 1JL |

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

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 and pupils.

**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 test.

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

I have had the opportunity to consider the information provided to me by the school about this testing programme in the letter dated 19th March that can also be found on our website here: <https://blogs.glowscotland.org.uk/gc/public/hillheadhigh/uploads/sites/7656/2021/03/31100410/BGE-COVID_Testing_Parent_Letter-19th-March.pdf> 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 If on the day of testing they do not wish to take part, then they will not be made to do so and consent can be withdrawn at any time ahead of the test.

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|  | **YES** | **NO** |
| 1. I consent to my child participating in this testing programme.  |  |  |
| 2. I consent to my child’s data being held in accordance with the terms in the dataprivacy notice. |  |  |
| 3. I agree that if my child’s test results are confirmed to be positive, my child willinform the school to support contact tracing. |  |  |
| 4. I consent and agree to accurately recording all of 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. |  |  |

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| **Name of Pupil: (PRINT)** |  |
| **Year Group and House:** |  |

 **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Parent/carer if pupil is under 16)*