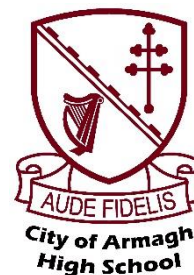


Lateral Flow COVID 19 Testing

Pupil Consent Form



This form explains the reasons why and how City of Armagh High School will record your consent to participate in the Northern Ireland Schools Lateral Flow Covid19 Testing programme. This process involves processing personal data under data protection laws.

To enable us to comply with our obligations under the General Data Protection Regulation, we are required to obtain express consent for the use of your/your child's personal information for participation in the Northern Ireland Schools Lateral Flow Covid19 Testing programme.

Without your consent we will not include you in this programme and will not issue you with Lateral Flow Testing kits.

This COVID 19 testing programme is being led by the Department for Health and Social Care, the NI Department of Health and the NI Department of Education to provide asymptomatic testing in schools and other education settings for staff and senior pupils. You can see more information on how this testing works by visiting this link - <https://sway.office.com/whz8dJ46JpeKLclV?ref=Link>

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.

A pupil aged 16 or above and who is considered capable of giving their own consent can complete this form on their own behalf.

Parents/legal guardians of pupils over the age of 16 and not considered capable of giving their own consent should complete this form on behalf of the pupil.

Consent will also be refreshed where any changes to circumstances occur – this can include, but is not limited to, the following:

- New requirements for consent e.g. a change to the testing approach.
- Changes to school circumstances, e.g. You or your child change schools.

THIS PAGE CAN BE KEPT FOR FUTURE REFERENCE

Please read the following conditions thoroughly and provide your consent as appropriate by **circling** either 'Yes' or 'No' for each criterion.

I <u>consent to participate</u> in this testing programme.	YES	NO
I have understood that my data will be held and shared in accordance with the data privacy notice	YES	NO
I agree that if my test results are confirmed to be positive, I will inform the school to support contact tracing.	YES	NO
I agree to accurately record all of my test results by calling 119 or at www.gov.uk/report-covid19-result	YES	NO

Consent can be withdrawn at any time by notifying the Principal and completing a new copy of this form. If you do not consent to a particular use of your or your child's personal information, you/your child will not suffer any detrimental effect as a result.

Where you would like to amend the provisions for which consent has been provided, you must submit your request in writing to the Principal. A new form will be supplied to you to amend your consent accordingly and provide a signature.

I have had the opportunity to consider the information provided to me by the school about this testing programme in the letter dated 1st September 2021. I have had the opportunity to ask any questions about the programme and, if I have, I have had these answered satisfactorily.

Name of Pupil: (PRINT) _____

Signature _____ Year group _____

Name of Parent/Guardian: (PRINT) _____

Signature _____ Date: _____

Relationship to child: _____

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