

DAILY CONTACT TESTING STUDY INTERVENTION GROUP CONSENT FORM

Introduction

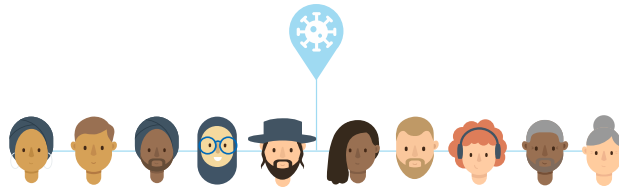
This consent form is for participation in the COVID-19 Daily Contact Testing study being led by the Department for Health and Social Care through NHS Test and Trace. Please read this consent form with the Letter dated 17th May 2021, and the study participant information leaflet Version1.14.

Taking part in the study and testing is your choice. You will need to give consent if you wish to take part.

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 taking part.
- **Pupils and students aged 16 and over who are able to provide consent on their own behalf** can complete this form themselves, having discussed participation with their parent / guardian.
- **For any pupil or student who does not have the competence or capacity to provide informed consent** - this form must be completed by the parent or legal guardian. Please complete one consent form for each child taking part.
- **Staff** will complete this form themselves.

Consent can be withdrawn at any time. In the case of children under 16, you confirm by signing below that you have discussed the testing with your child and your child is happy to participate. Participants who do not wish to take part will not be made to do so.



Please read the following statements and sign below if you agree to all of them and want to take part in the study. If you do not agree to any statement you/ your child will not be able to take part in the study.

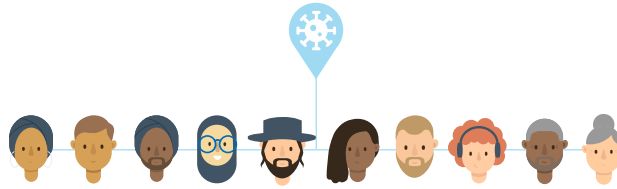
Terms of Consent

By signing this study consent form I acknowledge:

1. I have read and understand the Information Sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I have received and read a copy of the Privacy Notice that explains how personal data is collected and used for the study.

By signing this study consent form I understand that:

3. Daily contact testing will mean that if someone in my/ my child's close contact group at school tests positive, and I/ my child have no symptoms, I/ my child will test daily with a rapid test at school for 7 days and continue to attend school if the test is not positive.
4. A negative test does not guarantee I/ my child does not have the virus and guidance to stop the virus spreading should continue to be followed (including hands, face, space).
5. A PCR test will be required at home on Day 2 and 7 and I/ my child will be asked to complete a brief survey at the end of the 7 days.
6. All PCR tests are processed after 2 weeks. Results of the PCR tests will not be available until after the 7-day testing period.
7. I/ my child may be invited to speak to a researcher about daily testing and that participation is completely voluntary.



By signing this study consent form I am providing consent for:

- 8. My having/ my child having a daily nose swab at school for a rapid test with a lateral flow device.
- 9. My having/ my child having a nose and throat swab at home for PCR test.
- 10. My/ my child's sample(s) being tested for presence of COVID-19.

First Name (Student/ Staff member)	
Last Name (Student/ Staff member)	
Year group (if applicable)	
Name of parent/guardian giving consent (if applicable)	
Relationship to participant (if applicable)	
Signature	
Today's date	