



The COUNTY HIGH SCHOOL *Leftwich*

Achieving Excellence

Principal Mr M Snelson BSc (Hons), PGCE, MSc

14th January 2021

Dear Parent / Carer

Rapid Coronavirus Testing

Following the Government's recommendation for all secondary schools to begin asymptomatic detection of the Covid 19 virus, I am pleased to announce that the County High School, Leftwich are now able to support this service.

Students who are currently accessing the school site under the priority provision and whose parents/carers consent, will receive the test in the coming weeks. If resources allow, all other consenting students will receive their tests once the school reopens fully.

If you wish to consent for your child to complete a self-administered Lateral Flow Test, please read the enclosed information carefully, accessing the recommended government guidance sites for additional information, as required.

Each student that we have consent for will complete a total of two tests, three to five days apart. Trained school staff will offer guidance and reassurance to your child as they self-administer their test. Results of all viable tests will be communicated to you, by email and text message, within 30 minutes of the test being processed.

Testing is not compulsory, therefore if you **do not consent** to your child completing a test, please disregard this letter.

If you and your child are happy to proceed, please complete consent via this Google Forms link
<https://forms.gle/yGUzxTXt3fMcziJD9>

As always, please continue to look after yourselves, and each other.

Kind regards,

Mr M Snelson

Principal



The County High School, Leftwich is part of The Sir John Brunner Foundation, a company limited by guarantee, registered in England and Wales with company number 11227336 and an exempt charity.
Granville Road, Northwich, Cheshire, CW9 8EZ. Tel 01606 333 300

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This consent form is for participation in tests designed to detect asymptomatic 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.
- **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.

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 in the letter dated 14th January 2021 and the attached Privacy Notice.

2. In the case 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.

3. I consent to my child having a nose and throat swab for lateral flow tests. My child will self-swab with guidance given by trained site staff. In the case of under 16s or pupils who are not able to provide informed consent, I have discussed the testing with my child and they are happy to participate and self-swab.

4. I understand that there may be multiple tests required and this consent covers all tests for the below named person. If, on the day of testing they do not wish to take part, then I understand 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 child's sample(s) will be tested for the presence of COVID-19.

6. I understand that if my child's result(s) are negative on the lateral flow test I will not be contacted by the school/college except where they are a close contact of a confirmed positive.

7. If the lateral flow test indicates the presence of COVID-19, I commit to ensuring that my child is removed from school premises as promptly as possible, bearing in mind they may have some anxiety following a positive test result.

8. I consent that they will need to self-isolate following a positive lateral flow test result, until the results of the confirmatory PCR have been received.

9. I agree that if my child's test results are confirmed to be positive from this PCR test, I will report this to school and I understand that my child will be required to self-isolate following public health advice.



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LFD Student Consent Form

Student's First Name	
Student's Last Name	
Year group	
Date of Birth	
Gender – this information is needed for Department for Health and Social Care research purposes.	Male/Female
Ethnicity - this information is needed for Department for Health and Social Care research purposes.	Asian or Asian British Black, African, Black British or Caribbean Mixed or multiple ethnic groups White Prefer not to say
First line of address and Postcode	
Parental / Carer Email Address – this is where test results will be sent	
Has the student already had a vaccine? Y/N	
Dose 1 or 2	
Parental / Carer Mobile Number – this is where test results will be sent. Please do not put a landline number – you can only receive test results to a mobile number.	
Name of parent/carer giving consent	
Relationship to student	
Signature Date:	
Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.	



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