

PARENTAL CONSENT FOR PUPIL LATERAL FLOW COVID 19 TESTING

CONTEXT

This form explains the reasons why and how Sperrin College will record your consent to participate in the Northern Ireland Schools Lateral Flow Covid-19 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 you/your child's **personal information for participation in the Northern Ireland Schools Lateral Flow Covid-19 Testing programme.**

Without your consent, we will not include your child in this programme and will not issue you with a Lateral Flow Testing kit.

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 pupils. You can see more information on how this testing works by visiting this link - <https://sway.office.com/whz8dJ46JpeKLcIV?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.

Parents/legal guardians of pupils should complete this form on behalf of the pupil.

Consent will 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.

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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 my child participating</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 the test results are confirmed to be positive, I will inform the School (during term time) to support contact tracing.	YES	NO
I agree to accurately record all of the test results at www.gov.uk/report-covid19-result or by calling 119.	YES	NO

Consent can be withdrawn or given at any time by notifying the Principal in writing or completing a new copy of this form. If you do not consent to a particular use of you 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, **August 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) _____

Year group: _____

Name of Parent/Guardian: (PRINT) _____

Signature: _____

Date: _____ Relationship to child: _____