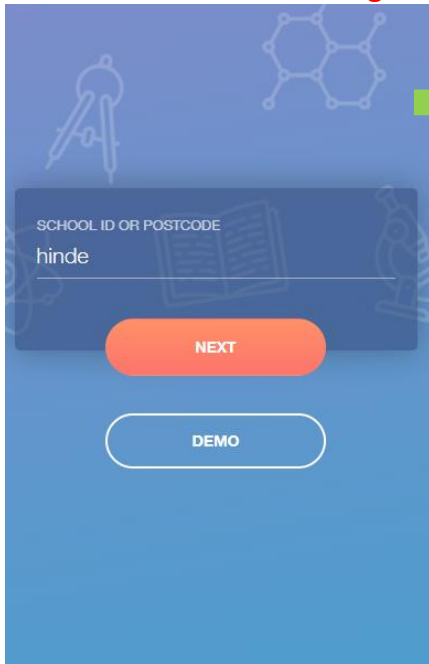


Complete Consent Form on EdulinkOne

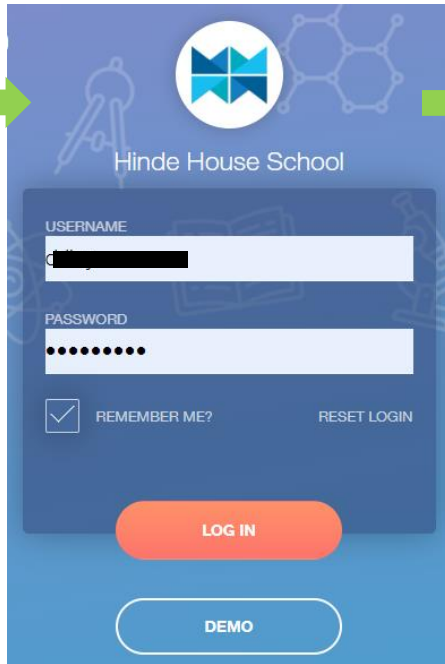
Sign in to Edulink



SCHOOL ID OR POSTCODE
hinde

NEXT

DEMO



Hinde House School

USERNAME
[Redacted]

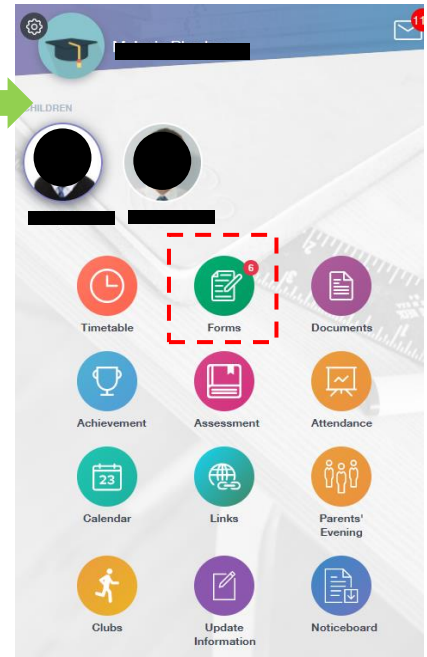
PASSWORD
[Redacted]

REMEMBER ME? RESET LOGIN

LOG IN

DEMO

Select Forms



CHILDREN

Forms

Timetable Documents

Achievement Assessment Attendance

Calendar Links Parents' Evening

Clubs Update Information Noticeboard

Click on Form name (there will be one for each child)



Forms

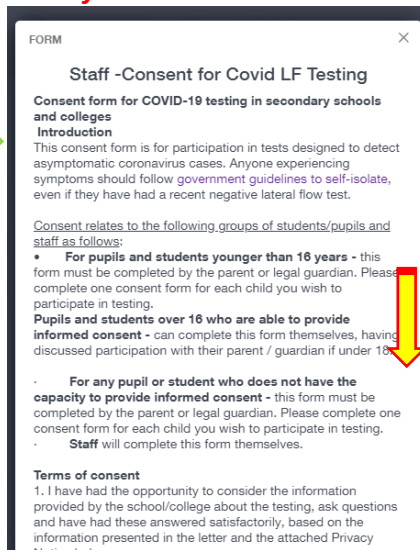
Completed: [Redacted]

Form Name: Student - Consent for Covid LF Testing
Child: [Redacted]
Due date: 30/04/2021 19:00
Completed: [Redacted]

Form Name: Student - Consent for Covid LF Testing
Child: [Redacted]
Due date: 30/04/2021 19:00
Completed: [Redacted]

Form Name: Home School Agreement Sept 2020
Child: [Redacted]

Read the Consent and Privacy information – scroll down



FORM

Staff -Consent for Covid LF Testing

Consent form for COVID-19 testing in secondary schools and colleges

Introduction

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.

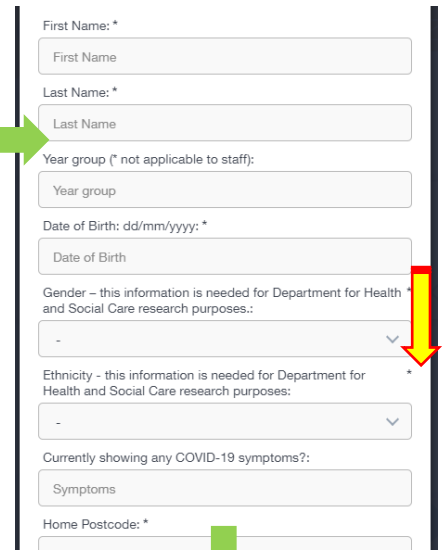
Consent relates to the following groups of students/pupils and staff as follows:

- 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.
- Pupils and students over 16 who are able to provide informed consent - can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- 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.
- Staff will complete this form themselves.

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 and the attached Privacy Policy.

Scroll down and complete the Form



First Name: *
First Name

Last Name: *
Last Name

Year group (* not applicable to staff):
Year group

Date of Birth: dd/mm/yyyy: *
Date of Birth

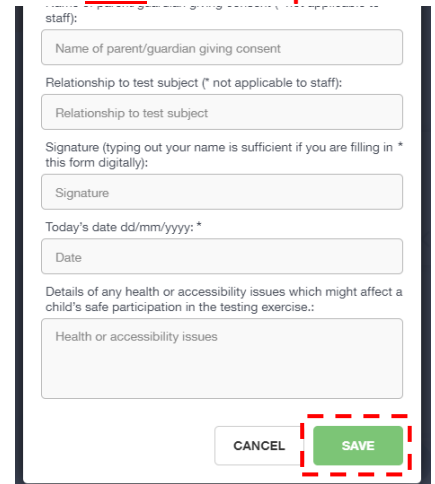
Gender - this information is needed for Department for Health and Social Care research purposes.:
-

Ethnicity - this information is needed for Department for Health and Social Care research purposes.:
-

Currently showing any COVID-19 symptoms?:
Symptoms

Home Postcode: *

Click Save when complete



Name of parent/guardian giving consent

Relationship to test subject (* not applicable to staff):
Relationship to test subject

Signature (typing out your name is sufficient if you are filling in * this form digitally):
Signature

Today's date dd/mm/yyyy: *
Date

Details of any health or accessibility issues which might affect a child's safe participation in the testing exercise.:
Health or accessibility issues

CANCEL SAVE