



Biddenham

International School & Sports College

Principal: Mr David Bailey

Head of School: Ms Eleanor Grylls

Dear Parents and Carers,

As promised, we are writing to you today with further details about the Covid testing programme for all students. The government is very clear that we must use all of the tools available to us to combat the transmission of COVID-19. These tools range from vaccination, symptomatic testing, improving medicines, self-isolation regulations and non-pharmaceutical interventions like hands-face-space. Asymptomatic testing is a further and critical tool to help mitigate the transmission of COVID-19 and it will help us to:

- identify and help to prevent staff, students and pupils without symptoms from transmitting and spreading the virus unknowingly.
- operate as safely as possible by self-isolating those that are the most contagious as soon as is practical.

Asymptomatic testing is done via simple and quick tests, known as Lateral Flow Device (LFD) tests. They enable us to rapidly test students and staff, without the need for a laboratory. No test is 100% accurate, but the LFD, when done as part of a testing regime is very good at picking up those with high viral loads (i.e. those that are the most contagious).

All schools are required to offer a LFD test prior to their return to school this September. This is so students have undertaken some testing in a supervised setting, and have had the chance to familiarise themselves with self-swabbing. Following the initial test in school, students will be able to collect home testing kits from school and start testing at home on a regular basis.

To reduce any unnecessary impact on student learning the LFD tests will be conducted on **Tuesday 31st August**. Each student will be invited in as part of their tutor group at a set time (see appointment times on the back of this letter). Students will be required to wear a mask when they arrive on the school site. They will come in for their test only and then go straight home, to avoid any transmission. We will only inform parents of a positive test result, please assume your child's test is negative unless contacted.

Most students have already completed consent forms previously, but if not, these can be completed electronically by following [this link](#), (which is recommended), or paper copies can be printed off and brought in when students attend their first test appointment. We will **not** be able to conduct tests without consent, and we would really rather not have to send students away, so your help with this is much appreciated. Here is a [link to our privacy notice](#) (which can also be found on the website) that explains how personal data we collect is processed.

It is really important that students are on time for their allocated testing slots, to help avoid unnecessary queuing. Students should come directly to the Sports Hall where they will be directed through a one way system and registration process.

We know that there is a great deal of information here and appreciate that you may have questions or queries. Please contact the school by email on enquiries@biddenham.beds.sch.uk or call us on 01234 342521 and we will aim to answer your queries as swiftly as possible.

Many thanks, as ever, for your support and patience.

Yours sincerely

MR D BAILEY
Principal

MS E GRYLLES
Head of School

Biddenham Turn, Biddenham, Bedford, MK40 4AZ

Tel: 01234 342521

Fax: 01234 334530

Email: enquiries@biddenham.beds.sch.uk

Website: biddenham.beds.sch.uk

Year 10	
12.10 - 12.20	10ARW
12.20 - 12.30	10ALW
12.30 - 12.40	10DJL
12.40 - 12.50	10MAB
12.50 - 1.00	10CAB
1.00 - 1.10	10SA
1.10 - 1.20	10MNA
1.20 - 1.30	10CJ
12.10 - 12.20	10ARW
12.20 - 12.30	10ALW

NHS Test and Trace consent form for COVID-19 testing

This common consent form has been designed for use by parents and guardians of pupils and under 16s, pupils and students over 16 and staff. Underlined sections should be read as applicable and completed 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 enrol.
- **Pupils and students over 16** can complete this form themselves, having discussed participation with their parent / guardian if under 18.
- **Staff** will complete this form themselves.

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 [DD/MM/YYYY].

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 having / my child having a nose and throat swab for a lateral flow test.

4. I consent that my / my child's sample(s) will be tested for the presence of COVID-19.

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

6. If the lateral flow test indicates the presence of COVID-19, I consent to my child having / having a nose and throat swab for confirmatory PCR testing, which shall be sent the same day to an NHS Test & Trace laboratory.

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

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

9. I consent that if a close contact of my child tests positive but I / my child has tested negative, I / they will continue to attend school / college but will be tested every day at school / college for 7 days.

Name of pupil/student/staff to be tested (print)	
Year group (if applicable)	
Name of parent or guardian if under 16 (print)	
Signature	
Date	
Relationship to child if under 16	