



Appendix 3

Informed consent for PCR testing during the school term

Information for the family

The identification and monitoring of contacts is an effective public health measure for the control of COVID-19 in order to prevent an increase in the number of cases.

When a positive case is confirmed, PCR is advised for close contacts, as it is a highly specific and sensitive test that detects the virus in the early stages of infection.

The PCR diagnostic test is performed using a respiratory sample which detects a fragment of the genetic material of the virus. The sample is taken by gently inserting a thin flexible swab into the nostrils, first in one and then in the other. It is a harmless technique and has no side effects, although it can sometimes be uncomfortable.

This test is essential to control the pandemic, although you may choose not to give consent for your child to be tested.

Students who have undergone PCR testing will not be allowed to attend the school until they have the result of the test. If the test is positive, the student must be in home isolation for at least ten days from the onset of symptoms, and has no fever or other symptoms for the last three days. You may safely end home isolation when advised by your healthcare team.

If the PCR test is not performed, the child must undergo home quarantine for ten days.

Consent

Where applicable, WE HEREBY AGREE to the proposed technique and accept that it may be applied to our son or daughter. We have read and understood all the information in this document.

We were able to ask questions and resolve all doubts by calling EduCOVID 900 700 222. Hence, we take a conscious and free decision to authorise the application of the technique to our son or daughter. We also know that we can ask for more information and we can withdraw our consent at any time.

Place....., Day..... Month..... 20.

Name and surname of student (mother or guardian) or legal guardian*:

Name and surname of the holders [signed]
of parental authority (father,

* This consent must be signed by both parents or legal guardians for it to take effect.

Did the family receive a copy of this document? Yes No

Withdrawal of consent

We have freely and consciously decided to WITHDRAW OUR CONSENT to perform this technique on our son or daughter for the below reasons:

1.
2.

Place....., Day..... Month..... 20.

Name and surname of student (mother or guardian) or legal guardian*:

[signed]
Name and surname of the holders
of parental authority (father,

* This consent must be signed by both parents or legal guardians for it to take effect.

Did the family receive a copy of this document? Yes No