

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.

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

Consent

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

I was able to ask questions and resolve any doubts on the EduCOVID hotline 900700222. Hence, I take a conscious and free decision to authorise the application of the technique to my son or daughter. I also know that I can ask for more information and that I can withdraw my consent at any time.

Place....., Day..... Month..... 2020

Name and surname of student

Name and surname of the father / mother /
legal guardian

[signed]

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

Withdrawal of consent

I have freely and consciously decided to WITHDRAW MY CONSENT to perform this technique on my son or daughter for the below reasons:

1.
2.
3.
4.

Place....., Day..... Month..... 2020

Name and surname of student

Name and surname of the father / mother /
legal guardian

[signed]

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