**COVID-19: Consent to share information if your child develops symptoms**

If your child develops symptoms of COVID-19 we have been asked to inform the Cumbria County Council COVID-19 call centre. This information will be used to help:

* Support us and you with advice and information
* Arrange testing (if requested)
* Contact you to identify possible close contacts (if a test result is positive)
* Prevent wider spread of the virus

This support is coordinated across a range of teams. Therefore these details may be shared with Environmental Health teams in District Councils, Contact Tracers from North Cumbria Integrated Care NHS Foundation Trust and Public Health England.

The call centre will ask us to provide the following details about your child:

* Name
* Date of Birth
* Address and parent/carers contact telephone number
* Symptoms and the date the symptoms started
* When the individual was last in the school setting

If the call centre is arranging testing for your child, they may also ask the caller to provide your email address and mobile phone number (so you can be sent a link to confirm testing)

If you are happy to give consent for details to be shared, please complete the section below and return it to school

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to details about my child (and my contact details) being shared with Cumbria County Council and partner organisations supporting the management of COVID-19 if they develop symptoms.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_