

COVID-19

Rapid antigenic self-testing system organized by the Primary school

(students of the Primary cycle)

Declaration of participation

PRIOR INFORMATION

Self-tests organized during school hours for primary school students.

The tests will be organized from 06/07/2021 to 07/02/2021, on a weekly basis, as follows:

Monday	P5 Level
Tuesday	P2 Level
Wednesday	P3 Level
Thursday	P4 Level
Friday	P1 Level

In the event of a positive test:

- The student concerned will be separated from the group and will be provided with an FFP2 mask.
- The school will contact the legal representatives immediately so that they can pick up their child.
- While waiting for the legal guardians to arrive, the student will remain under the supervision of an adult.
- The school informs the competent authorities for decisions concerning the measures to be taken within the school as the case may be.

In the event of a negative test:

- The school does not send communication to parents in the event of a negative or invalid result.

NB :

- *Personal data will be communicated to the competent authorities only in the event of a positive result in order to limit the sharing of personal data.*
- *If you do not want your child to participate in this campaign, you have nothing to do. There is no need to complete the document or inform the teacher or the school secretary.*

By submitting this form, you agree that your data may be processed in accordance with the procedure indicated. The European School of Luxembourg II ensures compliance with legal rules on the protection of personal data, including the General Data Protection Regulation (GDPR) in particular.

For any questions relating to the processing of this data and / or in order to exercise your rights, you can contact our Data Protection Officer (DPO) by email: MAM-DPO-CORRESPONDENT@eursc.eu

*Please complete all the information requested.

I, the undersigned Mr/Mrs

Surname, Name _____

Telephone number _____

E-mail _____

Mother/Father/Legal Representative of*

Surname, name of the pupil _____

Birthdate of the pupil _____

Class attended _____

- authorize my child to participate in the Primary School self-testing programme during lesson time.
- commit myself, in the event of a positive result at school, to pick up my child as soon as possible. I would like the school to contact:
 - Mrs / Mr*: _____
 - Phone number / GSM*: _____
- commit myself, following a positive result, to follow the national instructions (see <https://covid19.public.lu/fr/testing.html>)
- commit myself to communicate and share information and documents relating to possible quarantine or possible isolation for the student concerned via the following e-mail address: MAM-COVID19-PUPIL-REPORT@eursc.eu

Done at/in _____ the, _____

Signature _____

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