

## COVID-19

### Rapid antigenic self-testing system organized by the Secondary school (*students up to the age of 18*)

#### Declaration of participation

I, the undersigned M./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 school's self-testing programme.
- 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 at the school:
  - place my child in **self-isolation** immediately
  - declare his/her positive result on <https://covidtracing.public.lu/form/selftest>
  - inform the school by email: [MAM-COVID19-PUPIL-REPORT@eursc.eu](mailto:MAM-COVID19-PUPIL-REPORT@eursc.eu)

see national instructions on <https://covid19.public.lu/fr/testing.html>

- commit myself to communicate and share information and documents relating to possible **quarantine** or **isolation** for the student concerned via the following e-mail address: [MAM-COVID19-PUPIL-REPORT@eursc.eu](mailto:MAM-COVID19-PUPIL-REPORT@eursc.eu)

Done at/in \_\_\_\_\_ the \_\_\_\_\_

Signature \_\_\_\_\_

**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](mailto:MAM-DPO-CORRESPONDENT@eursc.eu)*

*\*Please complete all the information requested.*