

COVID-19 :

Rapid antigenic self-testing system organized by the school

(students up to the age of 17)

Declaration of participation

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 _____

- commit myself, in the event of a positive result at school, to collect my child as soon as possible
- I would like the school to contact :

Mrs/Mr* : _____

at the telephone number/mobile phone : _____

- 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 quarantine or isolation for the student concerned via the online form ([link](#))
- commit myself, to report any results (negative, positive, invalid) to the school via the **online form for rapid tests** ([link](#)) (nursery pupils)
- commit myself, not to pass on the self-test kits received to a third person or to use them for any other purpose than that intended (nursery pupils).

Important: A declaration of participation will be requested before each test carried out in class or before each distribution for tests carried out at home. If this is not the case, the pupil will not be able to participate in the scheme and no re-testing will take place.

Done at/in _____ the, _____

Signature _____

By submitting this form, you agree that your data may be processed in accordance with the above.

*Please complete all the information requested.