

COVID-19 :

Rapid antigenic self-testing system organized by the school

(students up to the age of 17)

Declaration of participation valid for the whole schoolyear 2021/2022

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).

Done at/in _____ the, _____

Signature _____

**By submitting this form, you agree that your data may be processed in accordance with the above.
Withdrawal of the participation statement:**

- **Primary and Nursery:** on the basis of a simple email or written note to the class teacher, he/she will give the original of the declaration of participation to the pupil and you will be able to collect and destroy it
- **Secondary:** you can destroy the declaration of participation that the student keeps with him/her

*Please complete all the information requested.