



## Declaration of consent for school pupils who are minors

### Declaration of consent to participation in antigen self-testing for COVID-19 infection

**School:** *(full address)* \_\_\_\_\_  
\_\_\_\_\_

#### Details of pupil

Surname / First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### Details of a parent or guardian

Surname / First name: \_\_\_\_\_

Street / House number: \_\_\_\_\_ Post code (PLZ) / Town: \_\_\_\_\_

Tel. no. \_\_\_\_\_

### Declaration of consent to participation in antigen self-testing at school

I consent to my child participating in antigen self-testing at school.

I am aware that, if my child self-tests positive, they must leave the school premises as soon as possible and go into isolation at home immediately. I will, therefore, collect my child from school as soon as possible.

I will contact my GP/family doctor or a testing centre and arrange for my child to undergo a PCR test to confirm the diagnosis.

The local health authority (Gesundheitsamt) where I live will be informed by the school that my child has self-tested positive.

My consent is given voluntarily and can be withdrawn at any time, with effect for the future.

My withdrawal of consent will be sent to the school (please give school address):

No disadvantages to myself will result from my refusal to give consent.

\_\_\_\_\_  
Place, date, signature of a parent or guardian

Please note (with reference to Art. 13 GDPR): in the event of a positive test result, your child's personal data will, on the basis of the German Act on the Prevention and Control of Infectious Diseases in Humans (German Infection Protection Act, IfSG), be forwarded to the relevant local health authority (Gesundheitsamt).