



Schengen-Lyzeum Perl | Auf dem Sabel 2 | 66706 Perl

Deutsch-Luxemburgisches
Schengen-Lyzeum Perl

Auf dem Sabel 2
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Consent form for participation in coronavirus testing and the related processing of personal data at Deutsch-Luxemburgisches Schengen-Lyzeum

I have received and read the written information on the POC rapid antigen testing for SARS-CoV-2 (coronavirus) at school and on data protection. I have understood the content of both documents.

I hereby agree that my son/daughter participates in the rapid antigen testing for SARS-CoV-2 (coronavirus) at school. I am aware that this offer is only available on the days that my child attends school and within the timeframes for testing agreed with the doctors. The tests are rapid antigen tests carried out by doctors and/or their staff as a rule by means of a nose and throat swab. I have been advised that participation in the testing is voluntary and can also, therefore, be discontinued at any time. I am aware that, in the course of this testing procedure, the personal data on my child and myself recorded below, as well as the name of the school and date of the test will be processed (see information on data protection). I know that this consent can be withdrawn without prejudice at any time without giving reasons. However, testing without consent to data processing is not possible.

I am also aware that, in the case of a positive test result, the school will inform me and the health authorities as specified. My child must subsequently be collected from school. My child should self-isolate at home until otherwise advised by the health authorities.

I (your first name and family name): _____

hereby agree that my child _____ (first name and family name of child)

class: _____ participates in the school testing for coronavirus.

You can reach me on the following telephone number if you need to advise me of a positive test result:

Telephone number: _____

Date

Signature of parent/
legal guardian*

Signature of pupil
(From class 9)

* I hereby confirm that I am authorised by the other parent/legal guardian to sign this consent form in his/her name.

(Ich bestätige hiermit, dass ich von dem anderen Erziehungsberechtigten bevollmächtigt bin, die Einwilligungserklärung auch in seinem/ihrer Namen zu unterschreiben.)