

Declaration of consent to carry out a rapid antigen test ('self-test') in the school from 28 April 2021 onwards

From 28 April 2021 onwards, school premises may only be entered by persons in possession of a negative test result for the SARS-CoV-2 virus that is no older than 24 hours.

If the test result is positive, the school is obliged in accordance with Article 6 (1)(c), Article 9 (2)(i) of the General Data Protection Regulation (GDPR) in conjunction with Sections 6 and 8 of the Infection Protection Act (IfSG) to inform you about your positive test result or the positive result of your child and to forward your data or the data of your child (name, date of birth and health data) to the responsible health authority. This is necessary in order to be able to identify you/your child correctly and to contact you if necessary.

We would like to inform you that the school uses the AMP Rapid Test SARS CoV 2 Ag and the AMP Rapid Test SARS CoV 2 Sputum among others. For children under the age of 11, the manufacturer recommends carrying out the test under the supervision of teachers, legal guardians or other personnel who also ensure the safety of the children. Supervision is guaranteed in schools in Mecklenburg-West Pomerania, meaning that the self-tests can also be carried out on younger children under the guidance of the teachers in the class or course group in the classroom.

With my signature, I **consent** to me/my child carrying out the self-test in the school.

You may withdraw this declaration of consent at any time with effect for the future (by post, email or fax to the school).

Details of school	
	Name
	Full address

Details of pupil			
	Name	First name	Date of birth

Details of legal guardians (only for pupils under 18 years of age)			
The term 'legal guardians' is used in accordance with the School Law for the state of Mecklenburg-West Pomerania, according to which legal guardians are those who are entitled to care for the child under civil law (see Section 138 (2) SchulG M-V).			
1.	Name	First name	<input type="checkbox"/> Guardian
	Address (street, house number, postcode, town/city)		
	Telephone with area code / note on when you can be reached		
2.	Name	First name	<input type="checkbox"/> Guardian
	Address (street, house number, postcode, town/city)		
	Telephone with area code / note on when you can be reached		

I/we consent to me/my/our child taking part in the SARS-CoV2 self-tests carried out in the school during the attendance week.

	Town/city, date		Signature of the Parents/Pupil over 18 years of age
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