

PLEASE COMPLETE ALL SHADED SECTIONS OF THE FORM

1. General information

Child's last name

Child's first name

Date of birth (month/day/year)

Sex

Male

Female

Address (no., street)

City

Postal code

2. Additional information

Last name, first name of Parent 1

Last name, first name of Parent 2

Name of school

Name of teacher and class number

3. COVID-19 screening at school

By allowing your child to be screened for COVID-19 at school, you agree that:

- Your child can receive a screening test for COVID-19 when necessary, at no charge
- A designated person who has watched the public health videos can take a sample from your child for the test
- The test results will remain confidential.

4. Consent or refusal

I acknowledge that I have read the leaflet for parents on COVID-19 screening at school and the information on the protection of personal data. I understand that I am free to consent to COVID-19 screening for my child at school or to refuse.

I CONSENT to rapid-test COVID-19 screening for my child at school.

I REFUSE rapid-test COVID-19 screening for my child at school.

My decision to consent or refuse can be changed at any time by signing a new form. Only one parent's consent is required.

Last name and first name of the parent or guardian (please print)

Telephone numbers of the parent or guardian

Home

Work

Cell

Signature of the parent or guardian

Date (month/day/year)