

**Consent form for participation in
coronavirus testing and the related
processing of personal data at
Grundschule Lindenschule Riegelsberg**



Grundschule Lindenschule
Lindenstr. 9
66292 Riegelsberg
Tel.: 06806 / 3683
Fax: 06806 / 860682
gs.lindenschule@riegelsberg.de
www.lindenschule-riegelsberg.de

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 I know that this consent can be withdrawn without prejudice at any time without giving reasons.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.)



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Einverständniserklärung zur Teilnahme an den Coronatests und der damit verbundenen Verarbeitung personenbezogener Daten an der Grundschule Lindenschule Riegelsberg

Die schriftliche Information zu den PoC-Antigen-Schnelltests auf SARS-CoV-2 (Corona) an der Schule und die Information zum Datenschutz habe ich erhalten und gelesen. Den Inhalt der beiden Schreiben habe ich verstanden.

Ich erkläre mich hiermit damit einverstanden, dass mein Sohn/meine Tochter an den Antigen-Schnelltests auf SARS-CoV-2 (Coronavirus) in der Schule teilnimmt. Mir ist bekannt, dass dieses Angebot nur an den Präsenztagen meines Kindes und innerhalb der für die Testungen mit den Ärzten vereinbarten Zeiträume in der Schule besteht. Die Tests sind Antigen-Schnelltests und werden von Ärztinnen und Ärzten und/oder deren Personal in der Regel über einen Nasen-Rachen-Abstrich durchgeführt. Ich wurde darauf hingewiesen, dass die Teilnahme an den Tests freiwillig ist und daher auch jederzeit abgebrochen werden kann. Mir ist bekannt, dass bei dieser Testung die untenstehenden personenbezogenen Daten über mein Kind und mich, darüber hinaus der Name der Schule und das Datum der Testung verarbeitet werden (siehe Information zum Datenschutz). Ich weiß, dass diese Zustimmung ohne Angabe von Gründen ohne Nachteile jederzeit widerrufen werden kann. Eine Testung ohne das Einverständnis zur Datenverarbeitung ist jedoch nicht möglich.

Mir ist ebenfalls bekannt, dass bei positivem Testergebnis die Schule mich und das Gesundheitsamt wie beschrieben informiert. Mein Kind muss dann von der Schule abgeholt werden. Mein Kind sollte sich, bis andere Informationen vom Gesundheitsamt vorliegen, in häusliche Isolation begeben.

Hiermit erkläre ich mich damit einverstanden,

Ihr Vor- und Nachname: _____

dass mein Kind _____ (Vor- und Nachname des Kindes)

Klasse: _____ an den Schultestungen auf das Coronavirus teilnimmt.

Um mich im Falle eines positiven Testergebnisses zu informieren bin ich unter folgender Telefonnummer erreichbar:

Telefonnummer: _____

Datum

Unterschrift der/des
Erziehungsberechtigten*

Unterschrift der Schülerin/des
Schülers
(ab Klassenstufe 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/ihrem Namen zu unterschreiben.)



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To

the parents/legal guardians of the pupils
attending Grundschule Lindenschule
Riegelsberg

Dear Parent/Legal Guardian

Rapid antigen testing at schools within the framework of the coronavirus pandemic

Following our joint efforts over recent weeks, we are delighted that your child can attend school again. Just as in the months before lockdown and school closures, special hygiene rules apply at school with the aim of protecting as much as possible all those at school against infection with coronavirus.

In order to further enhance protection at school we would like to offer everybody present at school (pupils, teachers, and all others undertaking activities at school) **free** voluntary **rapid tests** for coronavirus at school **twice a week**.

In so doing, we aim to detect infections with coronavirus as early as possible, thereby making schools an even safer place and giving as many pupils as possible, teachers, parents and many other people additional protection.

The tests will be carried out at schools on two days a week by **doctors and/or their qualified staff** – in this case in the presence of the doctor. If attending school on these days within the timeframes agreed with the doctors, your son/daughter can participate in the testing. A **nose and throat swab** will be taken from your child for the test. This involves a thin stick being inserted into the nose and removed again shortly after. For younger children it is sometimes possible to reach the nasopharynx (upper part of the throat behind the nose) through the mouth. Sometimes, it is also necessary in the case of older children to carry out a throat swab (only through the mouth).

Testing at our school:

Michael Messerle
Dr. Jörg Schweizer
Praxis für Allgemeinmedizin
Marienstraße 6
66292 Riegelsberg

Telefon: 06806994880

Telefax: 068069948825
E-Mail: infoallg@familienpraxis-am-markt.de

Testing will take place on the following days of the week:

Montag und Donnerstag ab 10.00 Uhr

The nose and throat swab may be unpleasant, e.g. it can tickle the nose. It is not traumatic and only rarely results in the nose bleeding due to minor injuries in the nose. However, the doctors and their staff are very knowledgeable in this respect and have a lot of experience with the tests. As a result, everything generally goes smoothly, and the children tolerate the swab well.

The test result is available after approx. 30 minutes.

If the **test** is **negative**, your child can continue to attend classes.

If the **test** is **positive**, there is a suspicion that your child is infected with coronavirus. You will then be advised accordingly by the school. In that case, your child must be collected from school as it may no longer attend classes or indeed school at that point. At the same time, as a school, we must inform the health authorities of your child's positive test in accordance with the provisions of the Infection Protection Act (§7). In the process we must provide the health authorities with certain information, e.g. your name, the name and class of your child, your address and telephone number, and the date of the test, so that the health authorities can contact you. Your child should self-isolate at home (i.e. it should stay at home and not come into contact with others outside until the health authorities have contacted you. You will subsequently receive information from the health authorities on how to proceed. If the health authorities order quarantine and, as a result, you must take care of your child at home, you may, if applicable, claim child sickness benefit (unpaid leave in accordance with § 45 Subsection 2a SGB V [*German Social Code*]).

Consent form

In order for your child to be able to participate in the testing offer we require you to **complete and sign a consent form**. The consent form is attached to this information letter. In the case of underage children/pupils, it is a mandatory requirement for participation that the parents/legal guardians sign the consent form. Please give the completed consent form to the school if you would like your child to participate in the regular testing.

Accompanying your child for the first test

It would be preferable for pupils up to class 6 if you accompanied your child for the first test. This will also give you an opportunity to ask the doctor any questions you may have. We will notify you when the first test is due to be carried out. **The rules of the sample hygiene plan for schools apply on the school grounds (e.g. observance of social distancing of 1.5 m,**

wearing of medical masks, etc.), on which we have already advised you. You will then see how the test is administered and your child will also feel more at ease if you are present the first time.

Voluntary participation and opt-out

The testing offer is **voluntary**. That means that your child can also come to school if it does not participate in the testing. If you decide on participation, it would actually be best if your child is tested at school on both days each week that it attends school. However, if your child should not be tested on one day for some reason, you can call the school the day before to cancel individual test appointments.

However, if, for your part, your child should participate in the testing but does not wish to participate on a particular day at school, following a brief consultation with the doctor, the test will not be carried out! It is possible to discontinue participation at any time. It is very important for us that your child continues unreservedly to feel at ease at school.

Cancellation

The data collected will be treated as confidential, i.e. the data will not be passed on to third parties or, in the case of a positive test, will only be passed on to the health authorities. It is possible to cancel participation in the testing at any time. An informal written notification sent to the school is sufficient. You can find further information on data protection in the forms distributed on this subject.

If as many children and adolescents as possible, but also teachers and other people at school participate in the testing on site, it will be easier for us to succeed in **preventing infections at schools and cases of illness amongst children/parents/teachers**. Therefore, we would be grateful if you agree to your child participating in the testing.

Many thanks.

Yours sincerely

Im Auftrag

Annabelle Stürmer

Explanation of the information to be provided in accordance with Article 13 GDPR on the collection of personal data from the data subject

This data protection information is provided in connection with ‘carrying out rapid antigen tests at schools within the framework of the coronavirus pandemic’. The protection of your personal data is taken very seriously. Your data will be processed in conformity with the respective data protection requirements in force.

I. Contact details of the controller

Name and address of the school: Grundschule Lindenschule, Lindenstraße 9, 66292

Riegelsberg

Principal: Marie Kiefer

Tel.: 06806/ 3683

Fax: 06806/ 860682

Email: gs.lindenschule@riegelsberg.de

II. Contact details of the data protection officer

Ministerium für Bildung und Kultur

[Ministry of Education and Culture]

z. Hd. der Datenschutzbeauftragten

[Attn. Data Protection Officer]

Trierer Strasse 33, 66111 Saarbrücken

Fax: 0681/501-7498

Email: datenschutzbeauftragte@bildung.saarland.de

III. Purpose and legal basis of the processing

Your data (name and date of birth of the child, name of the school and class of the child, name and address, as well as telephone number of the parent/legal guardian, date and result of test) will be processed in connection with ‘carrying out rapid antigen tests at schools within the framework of the coronavirus pandemic’ in order to protect against infection and its transmission at school. They will not be passed on to third parties except in the case of notification of the health authorities by the school of a positive test result in accordance with § 7 of the Act on the Prevention and Control of Infectious Diseases.

The data will be processed on the basis of Article 6 Subsection 1 letter a) GDPR.

IV. Retention period for the personal data

In the case of a positive test result the subsequent reporting process will be documented and stored in the school for three weeks after which it will be deleted. All other data (e.g. negative test results) will also be stored for three weeks and then deleted. The lists of participants (without test results) will be stored until 31.12.2024, and destroyed on expiry of this period. The consent forms will be retained at school and destroyed when this testing offer ends, no later than the end of the school year.

V. Data transmission

There is no plan to transmit your personal data to any other third party, third country or international organisation. In accordance with § 7 of the Act on the Prevention and Control of Infectious Diseases, in the case of a positive test result, your data will be transmitted to the competent health authorities.

VI. Rights of the data subject

In accordance with the EU General Data Protection Regulation (GDPR) you have the following rights:

If your personal data are being processed, you have the right to obtain information on the data stored concerning your person (Art. 15 GDPR).

If your data are inaccurate or incomplete, you have the right to rectification and completion (Art. 16 GDPR).

Subject to the presence of legal prerequisites, you are entitled to demand erasure or restriction of processing and to object to processing (Art. 17, 18 and 21 GDPR).

If you have consented to data processing or there is a contract for data processing and the data processing is carried out by automated means, you are also entitled to data portability (Art. 20 GDPR).

If you wish to exercise any of the above rights, the Ministry of Education and Culture will check whether the legal requirements have been fulfilled in that regard. In order to exercise your rights please contact the data protection officer specified above.

In the case of complaints under data protection law you can contact the supervisory authority: Unabhängiges Datenschutzzentrum Saarland [*Independent Data Protection Centre Saarland*], Die Landesbeauftragte für Datenschutz und Informationsfreiheit [*State Commissioner for Data Protection and Freedom of Information*], Fritz-Dobisch-Str. 12, 66111 Saarbrücken, Telephone: 0681 94781-0, Email: poststelle@datenschutz.saarland.de