| Anlage 5 | |
|---|-----------|
| Dresden International School, Annenstr. 9, 0106 | 7 Dresden |
| Name of school, Address | |

Information on the collection of personal data to conduct a COVID-19 quick test and declaration of consent

In case of symptoms, the school may offer your child a self-test under supervision by a staff member. There is no cost to you for taking the test. The test is optional. The test used is a so-called short nasal swab.

In case of a positive test result, the school provides a document you need to take along when going for a PCR test that is required as a follow up.

If the test result is positive, i.e. indicates an acute COVID-19 infection, the test person is obliged according to the general decree on segregation applicable to the respective administrative district or district-free city (identical general decrees n in all administrative districts and district-free cities in Saxony; if necessary, please inform yourself on the respective website) to segregate himself immediately after becoming aware of the positive test result. Minors will be physically separated after a positive test result and must be picked up immediately by a legal guardian. School supervision obligations continue until the time of pick-up.

The withdrawal of consent must be made to the school.

Consent:

I hereby consent to the performance of the test and the processing of the above personal data for the purpose of detecting any COVID-19 infection and further to prevent the spread of this disease. The consent is voluntary and can be revoked at any time with effect for the future towards the school. In case the school is required again to inform the authorities: The data processing, including data transfers, carried out until the revocation remains lawful. I am aware that in the event of a positive test result, there is a legal obligation to notify the relevant health authority. Any revocation of consent does not remove this legal obligation to notify.

| Name and address of test person (student): |
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| Signature if test person is of legal age: |
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| City, date, signature of adult test person |
| Signature if test person is a minor: |
| |
| City date guardian A/B |

A copy of the signed declaration of consent must be provided to the adult test subject and/or their guardian upon request.