

# Declaration of Consent

In the institution: \_\_\_\_\_

starting on..... the children will be given the option to test twice a week on a voluntary basis for Coronavirus SARS-CoV-2. The samples (saliva samples) will be collected through guided self-tests in the form of lollipop rapid antigen tests that the children perform on themselves. To complete the test, the children must suck on a saliva collector for up to 90 seconds.

Note: If a positive Covid case occurs in the day care center, we are obligated to forward the necessary data to the health authorities responsible.

The data will not be forwarded to any other third parties.

For a guided self-test of the saliva sample for the novel Coronavirus SARS-CoV-2 for my child

Last Name: -----

First Name: -----

Child's Date of Birth -----

Cell Phone Number  
(to reach you), or alternatively  
a landline number -----

in the institution listed above, I give my consent

I do not give my consent

I understand that participation is voluntary and that this consent can be revoked at any time.

Date: -----

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Last Name, First Name

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Signature of Legal Guardian