



Republic of Cyprus

MINISTRY OF EDUCATION, CULTURE, SPORTS AND YOUTH

Parent/Guardian written consent form for the completion of rapid antigen tests for Junior School students.

Please state your consent to the completion of rapid antigen tests for your child through a nasal swab below. This is due to the measures that have been implemented by the Ministry of Health for Junior School students. The following consent form will be valid for the time period in which these measures will be in place throughout the school year 2021-2022.

I consent to the completion of rapid antigen tests for
_____ (name of student) with the
ID/Passport Number _____ and date of birth ____/____/____
in Grade _____ of Med High Junior School.

Parent/Guardian Name: _____

Contact number: _____

Signature: _____

Date: _____

This data is kept and legally processed within the scope of EU regulation 2016/679 of the European Parliament and Council in force as of 27th April 2016, by the Ministry of Health, for the purpose of the completion of rapid tests. Recipients of the data will be the competent staff of the Ministry of Health.