

CONSENT FORM LEAFLET FOR TESTING OF A CHILD FOR PARENT/GUARDIAN

Dear parent,

Please familiarise yourself with the information below and fill in the CONSENT FORM located on page 2.

What is COVID-19? What are the symptoms of COVID-19?

Coronavirus is the cause of COVID-19. The coronavirus is an infection that spreads through droplets (coughing and sneezing) and direct contact in most instances. It is also possible for the virus to spread through contaminated surfaces.

COVID-19 symptoms and progression of the disease may vary. The disease can be asymptomatic or present light or severe symptoms; however, the worst case scenario is death.

The primary symptoms are as follows: headache, cough, fever, breathing problems, sore throat, common cold, muscle aches, loss of taste and sense of smell, fatigue and a feeling of weakness. More information regarding symptoms is available on the Health Board's webpage¹.

A close contact

Close contact – a person who has been in contact with a person diagnosed with COVID-19² for at least 15 minutes (in the last 24 hours in total) and closer than two metres. COVID-19 patients are contagious approximately two days before and up to 10 days after the onset of symptoms³.

Simplified quarantine and testing in the event of close contact in a school environment

If the contact with a COVID-19 patient happened in a school environment, students who are not vaccinated against COVID-19 or who have not had COVID-19 must stay in simplified quarantine⁴. This means that:

A student may continue attending school only when the following conditions are met:

- A rapid test (SARS-CoV-2 ag-RDT test) is done immediately in the school environment.
- The result of the rapid test is negative and there are no symptoms.
- 72 hours after the result of the rapid test an RT-PCR test must be done.
- If the RT-PCR test turns out to be positive, quarantine should be maintained immediately.

If the contact with a COVID-19 patient happened in a school environment, the rapid testing for the student will be organised by the healthcare provider of the school or the school itself.⁵

By consenting to the testing, you consent to future rapid testing of your child during the school year of 2021/2022 if the child is in contact with a COVID-19 patient in the school environment.

If the student has had COVID-19 or has been vaccinated against it, they don't need to stay in quarantine or do COVID-19 testing.

Withdrawal of consent

You have the right to revoke your consent by submitting a written application of withdrawal to whoever asked for consent (the school or the healthcare provider).

This consent form was developed by the Estonian Ministry of Education and Research in collaboration with the Health Board, the Health Insurance Fund and the Data Protection Inspectorate.

¹ See: <https://www.terviseamet.ee/et/uuskoroonaviirus>.

² COVID-19 patient – a person who has been diagnosed with COVID-19 or whose test (carried out by a healthcare provider) result of SARS-CoV-2 RT-PCR or SARS-CoV-2 ag-RDT is positive. See also clause 1 of Order No. 212 of the Government of the Republic of 28 May 2021 "Imposition of quarantine on persons who have been diagnosed with or have tested positive for COVID-19 and on persons who have had close contact with them" (hereinafter referred to as the Order) Available at: <https://www.riigiteataja.ee/akt/317092021004?leiaKehtiv>.

³ Clause 3 of the Order. See also the guidance material of the Health Board: <https://www.terviseamet.ee/et/olen-lahikontaktne>.

⁴ Sub-item 10 of clause 4 of the Order and clause 5. See also the guidance material of the Estonian Ministry of Education and Research https://www.hm.ee/sites/default/files/htm_nakkusjuhtumi_skeem_0.jpg

⁵ See also section 2 of the guidance material of the Estonian Ministry of Education and Research (30 August 2021), available at: https://www.hm.ee/sites/default/files/20210830_infokiri_kiirtestimine.pdf.

CONSENT FORM FOR CHILD'S PARENT/GUARDIANⁱ
Testing for SARS-CoV-2 in the event of close contact at school

Please refer to the information on page 1 before filling in the consent form.

I give my consent

first name and surname of child, provided by parent/guardian: _____

Estonian identification (ID) code of child: _____

for rapid testing (ag-RDT test) of SARS_COV-2 during the school year of 2021/2022 in the event of close contact at school.

Date: _____

First name and surname of parent/guardian: _____

Signature of parent/guardian: _____

(signed digitally or on paper)

Contacts of the school or the healthcare provider of the school (name, phone number and e-mail address):

ⁱ The data collected in the consent form will be processed in accordance with the procedure laid down in the data protection conditions.