

**SELF DECLARATION FOR SCHOOL REENTRY** (DPR 445/2000 artt. 46 e 47)

We, the undersigned

Declare: to have parental responsibility for the student in question or act on behalf of the parents, aware that false statements can be punishable by law according to art.76 del DPR 445 del 28/12/00). (attach signatory's identification document)

REQUEST SCHOOL REENTRY FORfirst
name-surname

Enrolled at the International School of Florence for the 2020/2021 academic year
in Grade

AND**A. WE DECLARE:**

- a) that the student:
- currently does not have a temperature of 37.5°C or above;
 - currently does not have a cough, respiratory distress, cold, sore throat, headache, fatigue, decrease or loss of taste/smell, diarrhea;
 - has not had close contact with individuals who have tested positive to Covid-19 or individuals with high probability of testing positive (travelling from abroad or with Covid-19-like symptoms or who have been in direct contact with someone with high probability of testing positive);
 - has not visited or stayed in areas with high infection rates ([read here](#)) in the past 14 days;
- b) that the family pediatrician (PLS, pediatra di libera scelta) / family doctor (MMG, medico di medicina generale) was alerted in case of possible Covid-19-like symptoms within the family unit and that proper instructions were followed;
- c) none of the members of the family unit: che nessuno degli appartenenti al nucleo familiare e conviventi:
- are currently affected by COVID-19
 - have had close contact with individuals who have tested positive to Covid-19 or individuals with high probability of testing positive (travelling from abroad or with Covid-19-like symptoms or who have been in direct contact with someone with high probability of testing positive);

OR

- that ALL members of the family unit have been tested through:
- COVID-19 swab test COVID-19 serological test
- and have received negative results on (insert date) _____** after which they have not had close contact with individuals who have tested positive to Covid-19 or individuals with high probability of testing positive (travelling from abroad or with Covid-19-like symptoms or who have been in direct contact with someone with high probability of testing positive);

B. WE CONFIRM:

1. to have received, read and understood ISF's *Safety Protocol for COVID-19*, allowing on site classes; we agree to let our child on campus and comply to the school's safety protocols and procedures 8ad stated in the above mentioned protocol);
2. to understand that our child should remain at home in the case of a temperature of 37.5° or above or



or in the case of flu-like symptoms and that proper procedures should be followed, such as contacting the family doctor or local health authority;

3. to understand that the school will monitor our child's temperature upon arrival to campus and has the right to refuse access to students if the temperature is of 37.5° or above;
4. to understand the contagious nature of COVID-19 and the risks involved in sending our child to on-site classes. This type of exposure could lead to personal injuries, sickness, permanent impairment or death. We understand the risk of being exposed or contracting COVID-19 as a result of actions, omissions or negligence of our children, of the school's personnel, other students or their families. We understand and accept that this declaration includes possible complaints based on the actions, omissions or negligence of the school, of its personnel, whether the COVID-19 infection occurs before, during or after school attendance;
5. to not hold the school responsible for any possible COVID-19 infections.

C. WE COMMITT:

1. to communicate any health-related issues to the School Nurse (asthma, kidney failure treated with dialysis, pulmonary diseases, diabetes, immunodepression, liver deficiencies, heart conditions, obesity), which could increase the risk of contracting COVID-19;
2. to communicate to the family doctor and the School Nurse (tel. 055-6400167) the possibility of our child or family member:
 1. experiencing COVID-19-like symptoms
 2. being in close contact of individuals who have tested positive to COVID-19 or who have high probability of testing positive (travelling from abroad or with COVID-19-like symptoms or who have been in direct contact with someone with high probability of testing positive) and thus, remaining at home and not coming on campus.
3. to always be available by phone:
 - through the contact information already provided to the school
 - through the following contact information

should our children present any COVID-19-like symptoms and to be available for immediate pick-up, following the National Health guidelines for testing.
4. to the daily cleaning of masks provided to each student by the School

date

(Parent signature)

(Parent signature)