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| C:\Users\gestione1.ICPLAMBRO\Desktop\ministero.download.png | **Istituto Comprensivo Ponte Lambro**Via Trieste, 33 – 22037 Ponte LambroTel. 031620625 – Fax 031623181 - CF 82006820136coic80400v@istruzione.it ; coic80400v@pec.istruzione.itSito web: [www.icpontelambro.edu.it](http://www.icpontelambro.edu.it) | Logo scuola Ponte Lambro |

Module DICH.1 (to be delivered to the class teacher)

**SELF-DECLARATION FOR THE RETURN OF THE PUPIL TO SCHOOL AFTER AN ABSENCE FOR NON-COVID-RELATED PATHOLOGIES**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as a parent (or holder of parental responsibility) of the pupil

surname name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

class \_\_\_\_\_\_\_\_\_\_ section \_\_\_\_\_\_\_ school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DECLARES \*

Pursuant to current legislation on the subject and aware that anyone who makes false declarations is punished pursuant to the criminal code and special laws on the matter (pursuant to and by effect of art. 46 Presidential Decree n. 445/2000):

That the child is absent from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 and (select the correct option):

☐ to have spoken with the Family Pediatrician / General Practitioner Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who **did not consider it necessary** to subject the pupil to the diagnostic-therapeutic and prevention path for COVID-19 as required by national and regional legislation;

**☐ not to have requested any medical opinion** as the symptoms detected were not suggestive of COVID-19, therefore the family assumes full responsibility for assessing the health of the minor.

☐ **to return from fiduciary quarantine** (after 10 days by presenting a negative swab or after 14 days, assuming full responsibility for assessing the health of the minor).

**Therefore, REQUESTS the readmission to school of the pupil.**

Date \_\_\_\_\_\_\_\_\_\_ Parent / holder of parental responsibility signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If it is impossible to obtain the written consent of both parents or where one parent is untraceable*.

"The undersigned, aware of the administrative and criminal consequences for those who issue declarations not corresponding to truth, pursuant to Presidential Decree 445/2000, declares to have made the choice / request in compliance of the provisions on parental responsibility pursuant to art. 316, 337 ter and 337 quater of the civil code, which require the consent of both parents ".

Ponte Lambro date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The declarant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* This self-declaration DOES NOT REPLACE the justification in the school diary