



## SCHOOL RE-ENTRY FORM SELF-DECLARATION (DPR 445/2000 artt. 46 e 47)

I, the undersigned

- AS:
- parent declares to have parental responsibility for the student in question and to act on behalf of the other parent too, 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)
  - individual who has legal guardian responsibility for the student or acts on behalf of both 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)
- ( N.B.: if the parents are separated/divorced please fill out the form that requires both signatures)

### IN ORDER FOR THE STUDENT TO REENTRY TO SCHOOL FOR ON-CAMPUS LEARNING

First name-surname

Enrolled at the International School of Florence for the 2021/2022 academic year in Grade:

#### A. DECLARE:

- a) that the students
  - 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 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) that the student [*please select one option at least*]:
  - has not had, to our knowledge, close contact with individuals who have tested positive to Covid-19 or individuals with high probability of testing positive in the last 14 days (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 done a negative test result of either a PCR molecular test or an antigen test done NOT before the 10th day of the last contact with the person who tested positive for COVID;
  - Reentry after having undergone at least 14 days of quarantine.

**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. I DO 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 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. I COMMIT

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. 055-6461007) 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 1 signature)**(Parent 2 signature)*



Ad integrazione delle informative già fornite si comunica che i dati personali acquisiti in funzione delle misure previste dal protocollo :

- saranno trattati esclusivamente per prevenzione dal contagio da COVID-19 e adempiere agli obblighi legali di cui è soggetto il Titolare, tra cui l'implementazione dei protocolli di sicurezza anti-contagio ai sensi della normativa vigente. (Basi giuridiche del trattamento: adempimento legale, perseguimento di legittimi interessi consistenti nella regolarità delle attività e nella tutela della salute degli interessati, tutela di un diritto);
- non saranno diffusi e potranno essere comunicati, su richiesta, esclusivamente agli Enti pubblici preposti o coinvolti nella gestione dell'emergenza. (es. in caso di richiesta da parte dell'Autorità sanitaria per la ricostruzione della filiera degli eventuali contatti stretti di un soggetto risultato positivo al COVID-19)
- saranno trattati esclusivamente da personale autorizzato dal ISF che resta Titolare del trattamento
- Salvo diverse esigenze, verranno conservati fino al termine dell'emergenza coronavirus Covid-19 allo scopo di dimostrare l'avvenuta adozione di adeguate misure di tutela e prevenzione.

Ricordiamo che l'interessato ha il diritto:

- di chiedere al titolare del trattamento l'accesso ai dati personali e la rettifica o la cancellazione degli stessi o la limitazione del trattamento dei dati personali che lo riguardano o di opporsi al loro trattamento,
- di proporre reclamo all'autorità di controllo: Garante per la protezione dei dati personali - Piazza di Monte Citorio n. 121 00186 ROMA - Fax: (+39) 06.69677.3785 - tel. (+39) 06.696771 - E-mail: garante@gpdp.it -

Le richieste vanno rivolte al Titolare, anche mediante raccomandata rr o inviando una comunicazione all'indirizzo **privacy@isfitaly.org** o tramite i recapiti presenti nell'area CONTACT US tenendo presente che non sarà possibile rispondere a richieste ove non vi sia certezza circa l'identità del richiedente

Ricordiamo altresì che Titolare dei trattamenti è la American Schools Abroad, Inc. - rappresentata in Italia dal Preposto e Legale Rappresentante della stabile organizzazione con insegna "The International School of Florence" -( Villa Le Tavernule - via del Carota 23/25 Bagno a Ripoli (FI) 50012 - Italia - P.Iva :04029390483). "The International School of Florence" ha volontariamente nominato un Responsabile Protezione Dati (data protection officer) cui è assegnata la funzione di sorvegliare l'osservanza della normativa in tema di tutela dei dati personali ed i cui dati di contatto sono: [dpo@isfitaly.org](mailto:dpo@isfitaly.org)