

DELEGA ACCOMPAGNATORE DEL BAMBINO/A
DELEGATION FOR ACCOMPANY THE CHILD

Date.....

The undersigned.....
last and first name

As parents of:

..... C.F.
Last and first name of child codice fiscale of child

We declare to be aware and accept to be subjected to temperature measurement with a non-contact thermometer upon delivery of the child, by the school staff.

Mr. Miss. Mis As :.....
last and first name of delegate

place and date of birth..... Resident in

in via.....n°.....tel.....

Signature of parents

Signature of Delegate.....

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