Al DS del Liceo “Renato Donatelli”

Via della Vittoria, 35

Terni (TR)

**Oggetto: comunicazione patologia studente fragile. CONTIENE DATI SENSIBILI.**

I sottoscritti \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (madre) e \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (padre) genitori dello/a studente/essa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ frequentante, presso codesto Istituto per l’a.s. 2020/2021 la classe \_\_\_\_\_\_, ritengono di dover segnalare che, a tutela della salute del proprio figlio\a, come da certificato del proprio medico curante / pediatra allegato, vadano attivate le seguenti misure:

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I sottoscritti si impegnano a comunicare tempestivamente qualunque variazione intervenuta. Per qualsiasi informazione contattare il seguente numero telefonico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Data

Firma di entrambi i genitori

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