

**SELF-DECLARATION FOR ABSENCE FROM EUI CRECHE FOR HEALTH REASONS
(COVID-19 Prevention protocol)**

I, the undersigned _____
born in _____ the _____,
resident in _____
as parent (or holder of parental responsibility) of _____
born in _____ the _____

Aware of the civil and criminal consequences in case of false statements and aware of the importance of compliance with preventive measures aimed at reducing the risk of Covid-19 contagion for the protection of the community,

DECLARES

That the child can be readmitted to crèche as in the period of absence of the same **DID NOT** present symptoms* potentially suspicious for Covid-19;

Name of your pediatrician or general practitioner consulted: _____

Place and date

Parent
(Holder of parental responsibility)

The form can be used for child readmission - without a medical certification - for absences health-related up to three days.

*List of most common symptoms in children as per indications included in "ALLEGATO A - Delibera n.1256_del_15-09-2020 - Regione Toscana"

- Fever (>37,5 °C)
- Cough
- Headache
- Gastrointestinal symptoms (nausea/ vomit/ diarrhea)
- Sore throat
- Breathlessness/
- Myalgia
- Rhinorrhoea / nasal congestion

Please tick your option and fill the form with the name of your pediatrician or general practitioner consulted.