

**Al** Dirigente Scolastico

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Oggetto: comunicazione patologia –alunni fragili ***CONTIENE DATI SENSIBILI***

I sottoscritti\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(genitore 1)

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genitori dell’alunn

frequentante la classe: anno scolastico 2020-2021- di questa Istituzione Scolastica, 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 qualsiasi variazione.

Per qualsiasi informazione contattare il seguente numero telefonico:­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terrasini, lì

 Firma di entrambi i genitori