

**REQUEST FOR STUDENT RE-ADMISSION TO SCHOOL AFTER AN INJURY AND
LIABILITY RELEASE DECLARATION FOR ATTENDANCE IN THE PRESENCE OF
DRESSINGS, SUTURES, CASTS, WHEELCHAIRS, OR CRUTCHES [1]**

The undersigned and
.....
parents/legal guardians/foster parents of the student
..... attending class section of
the school , in relation to the injury
sustained on
..... , for which a medical prognosis of days was certified until
.....

HEREBY REQUEST [2]

the re-admission to school before the expiry of the certified medical prognosis period and
despite the injury. To this end, they attach:

- **Medical certificate** stating the duration of the prognosis;
- **Medical certificate** issued by the primary care physician/specialist proving fitness for
school attendance.

DECLARE UNDER THEIR OWN RESPONSIBILITY THAT THE STUDENT
(cross out non-applicable options)

- ☐ **CAN / CANNOT** access the restrooms independently
- ☐ **CAN / CANNOT** perform the correct safety procedures in the event of an evacuation

[1] This form must be filled out in the event that admission to lesson attendance is
requested following an injury sustained by the student.

By completing this declaration, the parents or legal guardians expressly declare that there
are no obstacles to the student's attendance of lessons.

In particular, in compliance with current safety regulations in public places, requests for
access by students who are temporarily mobile with crutches or wheelchairs will be
evaluated on a case-by-case basis; school attendance hours may be modified based on the
extent and limitations that a cast, crutches, or other factors may cause, always keeping in
mind the safety and protection of the student.

The declarations and information contained herein are necessary for the school in order to
arrange any educational adaptations, such as (by way of example and not limited to)
staggered arrival or dismissal times to avoid potential trauma caused by contact with
classmates, the relocation of the class to a room accessible by wheelchair, a specific
seating arrangement for the student inside the classroom, or a potential exemption from
physical education activities.

Furthermore, it is of great importance to be aware of the student's level of personal
autonomy to understand whether, despite the injury, they can access the restrooms
independently or are able to perform the correct safety procedures in the event of an
emergency evacuation.

[2] In light of the Civil Code provisions, this request, falling under parental responsibility, must always be shared by both parents. If the request is signed by only one parent, it is understood that said request has been mutually agreed upon, and the signing parent is also responsible on behalf of the other parent.

FURTHERMORE REQUEST:

(complete the relevant sections)

- ☐ exemption from practical activities in Physical Education and Sports until (date) *(a medical certificate must be attached)*
- ☐ that school entry takes place at (time)
- ☐ that school dismissal takes place at (time)

Additional necessary information:

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.....

Date:/...../..... Signature of parents or legal guardians:

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.....

This form, scanned with a handwritten signature (or digitally signed), must be sent to the address rmic8fd00v@istruzione.it or delivered by hand to the school administrative office.

(Section reserved for the School Administration)

The School Principal, having evaluated the reasons stated above and examined any attached medical documentation,

- ☐ **authorizes** the request
 - ☐ **does not authorize** the request
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IL DIRIGENTE SCOLASTICO
Dott.ssa Manuela Manferlotti