



Ministero dell'Istruzione –USR Lazio

CPIA N. 6 INTERPROVINCIALE RIETI - ROMA (RIMM035009)

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con sedi associate in Guidonia (RM), Monterotondo (RM), Campagnano Romano (RM), Subiaco (RM) e sez. carceraria (RI)

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CO-RESPONSIBILITY AGREEMENT

regarding organizational, hygienic - health measures and individual behavior aimed at containing the spread of the Covid contagion - 19 AMONG THE 6 interprovincial CPIA RIETI - ROME represented by the Headmaster Prof.ssa Gerardina Volpe and he/she Sir/Madam as a student enrolled for the AS 2021-2022 in the course _____ in the case of minors: and he/she Sir/Madam, as a parent or holder of parental responsibility) born in, (_____) resident in, via..... N..... enrolled / a for the AS 2021-2022 the course _____

YOU SIGN THE FOLLOWING CO-RESPONSIBILITY AGREEMENT REGARDING THE ATTENDANCE IN THE AS 2021-2022 AT THE COURSE _____ AT THE HEADQUARTERS OF _____ in particular, the undersigned (or the parent or the holder of parental responsibility) declares :

- that I am aware of the contagion containment measures in force at today's date:
- that the undersigned (or the child or student whose responsibility is exercised parental disability), or a cohabitant of the same within the family unit is not subjected to the measure of quarantine or who has not tested positive for COVID - 19;
- to undertake not to attend educational activities or to keep their child or the student whose parental responsibility is, at home in the presence of fever (greater than 37.5 ") of other symptoms such as sore throat, nasal congestion, conjunctivitis , loss of smell or taste and promptly inform the pediatrician of the facility of the onset of symptoms or fever,
- be aware and accept that, in the event of fever (temperature above 37.5 ") or other symptoms (including which those listed above), the CPIA provides for the isolation and, in the case of minor, immediately informs the family members or whoever is on their behalf.
- || CPIA will also contact the Department of Public Health (DSP) for the foreseen in-depth information:
- to be aware and accept that, in the case of positivity, the enrolled student cannot be readmitted to teaching activities until full and certified recovery according to the protocols provided by the manager
- to be aware that the hygienic and sanitary indications within the structure recalled by teachers and ATA staff must be respected, with reference to the following attention criteria defined by the Technical Scientific Committee
 - social distancing - hand sanitation
 - use of one's own mask, surgical or community; itshould be noted that in any case the school, while attending lessons, will regularly provide students with surgical masks

- that they have been adequately informed by the CPIA of all the organizational and sanitary provisions for safety and for the containment of the risk of spreading the infection from Covid - 19 and in particular the provisions for accessing and exiting the structure, consequently it undertakes to respect the utmost punctuality in accessing educational activities;
- i undertake to adopt maximum precautionary behavior regarding the risk of contagion,
- to be aware that in the moment of a resumption of interaction activities, albeit controlled, it is not possible to zero the risk of contagion which instead must be reduced to a minimum through scrupulous and rigorous compliance with the precautionary and safety measures provided for by specific protocols for carrying out the activities; for this reason it is important to observe the utmost caution even outside the context of school activities.
- In addition, the student requesting enrollment undertakes to attend lessons with the utmost punctuality with respect to the entry time that will be communicated and with the regularity required in on the basis of the Training Agreement that will be signed with this school. It also undertakes to comply with the school regulations.

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DECLARATION OF CONSENT TO MEASURING THE BODY TEMPERATURE WITH THERMOMETER WITHOUT CONTACT (THERMOSCANNER) BEFORE ACCESSING THE CPIA (according to the availability of the staff on duty):

The undersigned (or the parent or the holder of parental responsibility) declares his / her availability to be subjected to body temperature measurement with a non-contact thermometer (thermo scanner) before accessing the CPIA: in case of temperature above 37.5° or in the presence of other symptoms, including those mentioned above, he will not be admitted to the facility.

By assent.....

that for the II CPIA declares

- that the staff of the CPIA undertakes to scrupulously observe every sanitary prescription and to go to work only in the absence of any symptomatology referable to Covid - 19:
- to have provided, at the same time as registration, timely information with respect to every organizational and sanitary device adopted to contain the spread of the infection from Covid - 19 and to undertake, during the period of attendance at school activities, to communicate any changes or additions to the provisions:
- the realization of school activities makes use of staff adequately informed and trained on all aspects referable to current regulations and on health and hygiene procedures to combat the spread of the infection:
- adopt all the health and hygiene requirements provided for by current legislation, including the provisions on distancing;
- to strictly and scrupulously comply, in the case of confirmed Covid infection - 19, with every provision of the local health authority:
- that people admitted to enter the school building will be subjected to the detection of body temperature by means of a thermo scanner and limited to the presence of staff available for measurement;

to undertake to accept The signing of this agreement commits the parties to respect it in good faith.

From a legal point of view, it does not free the subjects who sign it from any liability in the event of non-compliance with the regulations relating to the containment of the Covid-19 epidemic, the ordinary regulations on safety in the workplace, the national and territorial guidelines.

He/she student..... tel.

The parent or the holder of parental responsibility.....

Headmaster

Prof. Gerardina Volpe

Place, _____ Date __/__/202__