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| **Údaje o dieťati :** | | | |  |  | | |  |  |  |
| **Meno :** |  | | |  |  | | | **Priezvisko :** | |  |
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| **Adresa :** |  | | |  |  | | |  |  |  |
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| **Dátum narodenia :** | | | |  |  | | | **Alergie a iné:** | |  |
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| **Zdravotná poisťovňa :** | | | | |  | | |  |  |  |
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| **Meno pediatra + telefón :** | | | | |  | | |  |  |  |
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| **Údaje o matke** | |  | | |  | | |  |  |  |
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| **Číslo telefónu/mobil :** | | | | |  | | | **E-mail:** | | |
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| **Údaje o otcovi** | |  | | |  | | |  |  |  |
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| **Deň nástupu dieťaťa do zariadenia :** | | | | | | | |  |  |  |  |
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