**I Z J A V A**

JA RODITELJ/STARATELJ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UČENIKA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OVIM PUTEM PRAVDAM IZOSTANAKE MOG DJETETA ZA PERIOD OD:\_\_\_\_\_\_\_\_\_\_\_\_\_DO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DIJETE JE IZOSTALO IZ SLJEDEĆIH RAZLOGA (BOLEST, NEMOGUĆNOST LJEKARSKOG PREGLEDA, TEMPERATURA, KAŠALJ I DRUGI SIMPTOMI, SUMNJA NA COVID, U PORODICI IMAJU ZARAŽENI COVIDOM ILI IMAJU SIMPTOME ČLANOVI RIZIČNE SKUPINE, DRUGI RAZLOZI):

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KONTAKT RODITELJA:

TEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IME I PREZIME RODITELJA/STARATELJA I POTPIS:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREGLEDAO I ODOBRIO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_