**Súhlas fyzickej osoby s opatrovaním**

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| **Priezvisko** | | | | | | | | | | | | | | |  | **Meno** | | | | | | | | | | | | | | | | | | | | |  | Rodinný stav | | | | | | |
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| Deň, mesiac, rok narodenia | | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | |  | Štátna príslušnosť | | | | | | |
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| **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica | | |  | | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | |  | Telefón | | |  | | | | | | |
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| PSČ | | |  |  |  |  |  |  | |  |  | | Obec | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulica | | |  | | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | |  | Telefón | | |  | | | | | | |
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| U cudzinca typ povolenia k pobytu | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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***súhlasím, aby fyzická osoba***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Priezvisko | | | | | | | | | | | | | | | | | | | | | | | |  | | | Meno | |  | Dátum narodenia | | | |
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| Rodné číslo | | | | | | | | | | | | | | | | | | | | |  | | | | Adresa trvalého pobytu | | | | | | | | |
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| PSČ | | |  | |  | |  |  | |  | |  | |  | |  | | Obec | | | |  | | | | | | | | | | | |

ktorý/á je mojím/mojou ............................................... alebo inou fyzickou osobou, mi poskytoval/a opatrovanie za účelom zabezpečenia pomoci pri úkonoch sebaobsluhy, pri úkonoch starostlivosti o domácnosť a pri realizovaní sociálnych a vzdelávacích aktivít.

Podpis fyzickej osoby, ktorá má byť opatrovaná, alebo

jej zákonného zástupcu ...........................................................................