**PRIJAVA UČENCA NA DIETNO PREHRANO**

Ime in priimek učenca: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

V šolskem letu \_\_\_\_\_\_\_\_\_\_\_\_\_\_obiskuje: \_\_\_\_\_\_\_\_\_\_ razred

Razrednik mojega otroka je: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vrsta diete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicinsko indicirana prehrana: DA NE

V primeru medicinske indicirane diete priložite *Potrdilo o medicinsko indicirani dieti za otroka.*

**1. Prepovedana in dovoljena živila v dietni prehrani.**

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| PREPOVEDANO | DOVOLJENO |
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**2. Živila, ki jih uporabljate v dietni prehrani doma in ime proizvajalca.**

Ime in priimek starša ali zakonitega zastopnika:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Podpis starša ali zakonitega zastopnika:

Datum: ---------------------------------------------------------