1. **CURSO 2023-2024**

D./Dña.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_con D.N.I.:\_\_\_\_\_\_\_\_\_\_\_\_\_

padre, madre, tutor/a legal del alumno/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

del curso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**INFORMO** que mi hijo presenta las siguientes alergias:

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|  |

**OBSERVACIONES:**

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En San Carlos del Valle a \_\_\_\_\_\_ de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2.0\_\_

Fdo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_