

Childcare Agreement

| | |
|---|--|
| Charité - Staff member / student | |
| Name/s of child/children + date/s of birth | |
| KidsMobil - Staff member | |

| | | | |
|---------------------|--|--------------|--|
| Home address | | | |
| Last name | | First name | |
| Street | | Code postal | |
| Phone Landline | | Phone Mobile | |
| E-Mail | | | |

| | | | |
|---------------------|--|-------------|--|
| Work address | | | |
| Campus | | | |
| Street | | Code postal | |
| Phone no. | | E-Mail | |

| | | | |
|--------------------------------------|--|----------------------------|--|
| Address of childcare provider | | | |
| Daycare/nursery Contact | | Daycare/nursery Contact | |
| Address | | Address | |
| Phone no. | | Phone no. | |

| | | | |
|--|--|-----------|--|
| If you are not available in the case of an emergency, whom should we contact? | | | |
| Name | | Name | |
| Address | | Address | |
| Phone no. | | Phone no. | |

| | | | |
|-------------------------------------|--|--|--|
| Care services needed / hours | | | |
| | | | |

| | yes | no |
|--|-----|----|
| I authorize KidsMobil to pick up my child at the abovementioned childcare provider. | | |
| My child is allowed to use public roads (as a pedestrian). | | |
| My child is allowed to use public transportation (accompanied by an adult). | | |
| My child is allowed to ride a bicycle/trainerbike (on pedestrian path) when using public roads. | | |
| My child is allowed to use public playgrounds. | | |
| My child can swim. | | |
| My child is allowed to go to the pool (accompanied by an adult). | | |
| My child is allowed to participate in sport and recreational activities. | | |
| My child suffers from chronic diseases (specify): | | |
| My child suffers from seizures (specify): | | |
| My child has allergies (specify: drugs, food, sun, insects, etc.) | | |
| My child takes the following medication on a regular basis on acute treatment (name, type of administration): | | |
| My child has liability insurance coverage. | | |
| My child has health insurance coverage. | | |
| Other: | | |
| Emergency contact pediatrician: | | |

Place, date _____

Signature of parent or legal guardian _____