

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 _____