

## Childcare Agreement

FU - Staff member:	
Name/s of child/children and 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:	
Adress:		Adress:	
Phone no.:		Phone no.:	
If you are not available in the case of an emergency, whom should we contact?			
Name:		Name:	
Adress:		Adress:	
Phone no.:		Phone no.:	
Care services needed / hours			

I authorize KidsMobil to pick up my child at the abovementioned childcare provider.	<input type="checkbox"/> yes	<input type="checkbox"/> no
My child is allowed to use public roads (as a pedestrian).	<input type="checkbox"/> yes	<input type="checkbox"/> no
My child is allowed to use public transportation (accompanied by an adult).	<input type="checkbox"/> yes	<input type="checkbox"/> no
My child is allowed to ride a bicycle/trainerbike (on pedestrian path) when using public roads.	<input type="checkbox"/> yes	<input type="checkbox"/> no
My child is allowed to use public playgrounds.	<input type="checkbox"/> yes	<input type="checkbox"/> no
My child can swim.	<input type="checkbox"/> yes	<input type="checkbox"/> no
My child is allowed to go to the pool (accompanied by an adult).	<input type="checkbox"/> yes	<input type="checkbox"/> no
My child is allowed to participate in sport and recreational activities.	<input type="checkbox"/> yes	<input type="checkbox"/> no
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 <input type="checkbox"/> on a regular basis <input type="checkbox"/> 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