



Childcare Agreement

HU-Staff member (BS Mind&Brain): _____

Name/s of child/children + date/s of birth: _____

KidsMobil- Staff member: _____

Home address			
Last name		First name	
Street		Code postal	
Phone no.	Landline		
	Mobile		
E-Mail			
Work address			
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:



I authorize KidsMobil to pick up my child at the abovementioned childcare provider	Yes	No
My child is allowed to use public roads (as a pedestrian)	Yes	No
My child is allowed to use public transportation (accompanied by an adult)	Yes	No
My child is allowed to ride a bicycle/trainerbike (on pedestrian path) when using public roads	Yes	No
My child is allowed to use public playgrounds	Yes	No
My child can swim/cannot swim	Yes	No
My child is allowed to go to the pool (accompanied by an adult)	Yes	No
My child is allowed to participate in sport and recreational activities	Yes	No
My child suffers from chronic diseases	Yes	No
My child suffers from seizures (specify)	Yes	No
My child has allergies (specify: drugs, food, sun, insects etc.)	Yes	No
My child takes the following medication on a regular basis (name, type of administration)	Yes	No
My child has liability insurance coverage	Yes	No
My child has health insurance coverage	Yes	No
Other:	Yes	No
Emergency contact pediatrician:		

Place, date

Signature of parent or legal guardian