

Declaration of consent

I am the legal guardian of the child

(First name, name, date of birth)

I declare – also on the other legal guardian's behalf – that I agree that a person provided via the Family Service Office at Kiel University will take care of my child/ my children during the following event

(name and date of event)

My emergency phone number is:

My child/ren is/are not in need of any special supervision caused by a mental or physical handicap.

Kiel University is only liable for damages caused intentionally or negligently of consequences by itself or its accomplices. Any personal damage is treated by legal regulations.

Place, Date

Signature of legal guardian