

## Declaration of consent

I am the legal guardian of the child

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First name, name, date of birth

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

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name and date of event

My emergency phone number is:

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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.

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CAU-employee-ID-number

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External employer (include address)\*

\*For income tax purposes, we need your CAU-employee-ID-number and/or information about external employers. CAU employees also have to provide information about external employers additional to their employee-ID, if applicable.

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**Place, Date**

**Signature of legal guardian**