

Jugendamt

Release of Confidentiality Agreement

first and last name of mother from child

date of birth

Phone Number

Address

first and last name of father from child

date of birth

Phone Number

Address

I/We hereby certify that I/we am/are currently responsible for the child/adolescent (for each child separately):

first and last name

date of birth

Address

I/We authorize the employees (name of the institution)

To obtain personal data and information about the above mentioned child/adolscnent from the following institutions and persons (please clearly delete any that do not apply!)

Preschool

School

Pediatrician/Specialist

Youth Welfare Office

Police

Others

The release of confidentiality only applies to the following matters: (e.g., for the development of my child or all information relevant to the protection of my child):

At the same time, we release the employees of (name of institution):

The release from confidentiality is valid from the day of signature until:

Date or until a specific outcome/at most 12 months.

I/We have been informet that I/we can revoke this declaration at any time - even without giving reasons.

Place, Date, Signature of Legal Guardian

Place, Date, Signature of Legal Guardian