

School location: _____

Registration for emergency care for students in grades 1 to 6 for the period from _____ to _____

Name of the student		Klasse	
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I / we hereby sign up the above named student binding for emergency care.

Requirements for participation in emergency care:

- care cannot be ensured in any other way, in particular because both care entitled parents in whose household they live, pursue their gainful employment or their studies have to.
- The existence of these prerequisites is through certificates, in particular from the employer or The employer, in good time, if possible one week in advance. The same applies to employed people or studying parents who live with one or more minor children and are alone for whose care and upbringing provide
- the care to ensure the best interests of the child has been ordered by the responsible youth welfare offices,
- there is a right to special educational support that requires special supervision or
- Without supervision in individual cases, there would be a particular hardship for parents and children, which would result extraordinary and serious circumstances caused by the discontinuation of regular care generally arising hardships.

Since April 19, 2021, evidence of a negative Corona test result that is no older than 72 hours is a mandatory requirement for participation in face-to-face classes and emergency care.

Admission to emergency care is not possible if your child:

- has symptoms of illness for COVID-19,
 - is subject to individually arranged segregation,
 - lives in the household with a person who has been proven to be infected with SARS-CoV-2
- it must therefore also go into quarantine.

Please send this form together with the certificate of authorization to participate in emergency care to the e-mail address of your school location:

ruesselsheim@obermayr.com

Date/place

Signature of legal guardian

if necessary, signature of other legal guardians

Certificate

about the authorization to participate in emergency care

Name of the child: _____

Name of school: _____

Class: _____

Information on the employment relationship

Name of the parent: _____

Date of Birth: _____

Single parent: yes no

Name of employer _____

Weekly working hours: _____

Work days Mon Tue Wed Thu Fri

Start time of Work: _____

End time of work: _____

The completeness and correctness of the information given above is confirmed.

Date

Stamp, signature of employer/
Alternative your own signature when being self-
employed