Dauervollmacht– Alleingänger

Authorization Form – Unaccompanied (Permanent)

Hiermit darf ..... (Name) Klasse .....
This is to certify that *(name)* *class*

den Hort regelmäßig an den folgenden Tagen alleine verlassen:
is allowed to leave the after-school care regularly on the following days:

Montag .....
Monday

Dienstag .....
Tuesday

Mittwoch .....
Wednesday

Donnerstag .....
Thursday

Freitag .....
Friday

Ort, Datum, Unterschrift
Place, Date, Signature