Wochenvollmacht – Alleingänger

Authorization Form – Unaccompanied (Weekly)

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

den Hort in der Woche von ..... bis .....
is allowed to leave the after-school care during the week from *to*

zu folgenden Zeiten alleine verlassen:
at the following times:

Montag .....
Monday

Dienstag .....
Tuesday

Mittwoch .....
Wednesday

Donnerstag .....
Thursday

Freitag .....
Friday

Ort, Datum, Unterschrift
Place, Date, Signature