



Dear client,
Thank you for your enquiry.

We kindly ask you to complete the information form below and return it to pvb@pvb.dk before the childcare begins.

Information form

Contact information parents:

Name

Mobile number

Name

Mobile number

I solemnly declare that, in my capacity as a parent or legal guardian, I am entitled to provide information and grant permission for the following:

Child 1:

Name	Age
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Child 2:

Name	Age
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Child 3:

Name	Age
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1. **Language:** _____

2. **Nap time:** _____

3. **Anything else we should know:** _____





The childcare assistant is required to administer medicine **YES NO**
to my child/children.

*!! Only regular medication (e.g., for the treatment of
asthma, penicillin, etc.) may be given. The childcare
assistant must receive precise instructions.*

Medicine

Detailed description of medicine, dose and administration time of medicine to named child.

The information above is provided when ordering childcare services from PVB.
The information remains valid until I request a new information form, which I may do at
any time by contacting PVB.

Other comments or wishes that require permission:

Date Name (constitutes a signature)