

## Authorisation to share confidential information in accordance with section 203 of the German Criminal Code (StGB) and declaration of consent

I / we hereby give my / our authorisation

Person with parental responsibility 1 ☐ I have sole parental  
responsibility Surname, first name:  
Address:  
Telephone number:

Person with parental  
responsibility 2 Surname, first  
name:  
Address:  
Telephone number:

**as the person with parental responsibility for**

Surname, first name:  
Date of birth:

Day nursery (KiTa):

**to the member of staff of the day nursery responsible for such matters** and, in their absence to their deputy, to share confidential information in accordance with section 203 of the German Criminal Code, and consent to the sharing of personal data relating to social welfare with **the members of staff responsible for such matters in the Social Paediatrics and Adolescent Medicine team in Hannover**, Podbielskistrasse 162, 30177 Hannover.

To allow preparation for the school entry examination of the above-mentioned child, I/we give my/our consent to the following data being passed on to the Social Paediatrics and Adolescent Medicine team, in addition to the child's surname, first name, date of birth, address and the name of their day nursery:

Type of day nursery care: ☐ special needs or ☐ inclusive nursery place

☐ Passing on of additional relevant information for the school entry examination in the form of a development report.

*I am aware that, by making this declaration, I am also giving my consent to the passing on of personal data relating to health and social welfare.*

This declaration remains valid for a period of 12 months from the date of signature. This authorisation to share confidential information does not entitle the staff of the Social Paediatrics and Adolescent Medicine team to disclose the information received to other persons.

I am making this declaration voluntarily. It has been explained to me that this declaration can be revoked at any time, in whole or in part, without the need to give reasons, and with effect for the future. However, if you do not sign this declaration, it may make it more difficult to carry out your child's school entry examination.

I confirm that I have read and taken note of the information sheet on data protection that was provided at the same time.

Place, date

\_\_\_\_\_  
(Signature of person with parental responsibility 1)  
2)

\_\_\_\_\_  
(Signature of person with parental responsibility 2)