

**Authorization and Release  
For Emergency Medical Treatment**

Child's Name	Child's Date of Birth
--------------	-----------------------

I am the parent or legal guardian of the above named child.

My child is enrolled at Brooklyn College Child Care Services (the "Center")

By signing this form, I authorize the Center to obtain emergency medical care for my child if my child is injured or becomes ill while in the Center's physical custody and the Center deems such care to be necessary. I also authorize the Center to arrange for any needed transportation for my child if my child needs emergency medical care.

In addition, by signing this form, I acknowledge that:

(1) I have been advised that New York City's Department of Health is now requiring center based child care programs, including the Center, to give epinephrine to a child with symptoms of anaphylaxis (severe allergic reaction that can be caused by certain foods, insect stings, latex or some medications). I understand that anaphylaxis can be life-threatening and requires emergency treatment. Epinephrine is widely regarded as an appropriate treatment.

(2) I have been advised that if a child shows symptoms of anaphylaxis, the epinephrine will be administered by trained staff using an epinephrine auto-injector (dosed for children) with a retractable needle, consistent with New York City's Department of Health regulations (Articles 43 and 47 of the NYC Health Code).

By signing this form, I authorize the Center to administer epinephrine using an epinephrine auto-injector (dosed for children) with a retractable needle if my child shows symptoms of anaphylaxis (severe allergic reaction).

I understand that if I have provided a written, individual health care plan to the Center indicating the specific medications that can be administered and the schedule of such administration(s) for my child, including in cases of emergency, and there is a direct conflict between such plan and any of my other authorizations in this Authorization and Release, then the Center will follow my child's individual health care plan.

I hereby release and forever discharge Brooklyn College Child Care Services, Brooklyn College, The City University of New York, The Research Foundation of the City University of New York, New York State and New York City, and the directors, officers, employees and agents of each of them from any and all liability arising in law or equity as a result of the Center providing emergency treatment in conformance with this Authorization and Release provided that the Center has used reasonable care in carrying out such actions.

**I HAVE READ THIS AUTHORIZATION AND RELEASE AND UNDERSTAND IT, AND I AM SIGNING IT VOLUNTARILY.**

Parent or Legal Guardian's Name (please print)	
Signature	Date