

**Brooklyn Child Care Inc.
800 Poly Place
Brooklyn NY 11209**

Under the Privacy Act each child has a file with their medical/information/forms/documentation. The contents of these files are locked away and are confidential. They are accessible only to staff, parents, legal guardians and regulatory authorities upon request and consent by parents.

I give my consent to the access to my child's medial file to the appropriate staff and/or regulatory authorities as deemed necessary.

**Child
Name** _____

**Parent name
(print)** _____

**Parent
signature** _____

Date: _____