



Barnard Babysitting Agency
 Barnard College • 3009 Broadway • New York, NY 10027
 Phone: 212 854 2035 Fax: 212 854 2412 Email: bbsitter@barnard.edu
 Website: barnardbabysitting.com



PEDIATRICIAN RELEASE FORM

Dear Parents:

Please be advised that a new federal privacy law went into effect on April 21, 2003. It provides more stringent guidelines for the release of even the most basic medical information.

It has been the practice of the Barnard Babysitting Agency to confirm that your child is a patient of the pediatrician you have indicated. No other information is requested other than the attached confirmation, and we do not share this information with others. In lieu of this pediatrician release form, we also accept copies of birth certificates or immunization records. Contracts cannot be processed without this information. **This form must be signed by you AND by your pediatrician.** Thank you.

Sincerely,

Ashley Galgano
 Barnard Babysitting Agency, Manager

PLEASE FILL THIS FORM OUT COMPLETELY AND RETURN IT WITH YOUR CONTRACT AND CHECK TO:

Barnard Babysitting Agency
 C/O Office of Career Development
 3009 Broadway
 New York, NY 10027

Parent's name _____ Home Phone _____

Address _____

Pediatrician's name _____ Phone _____

Address _____

Child(ren)'s name(s) _____ DOB _____

_____ DOB _____

_____ DOB _____

I give permission for the aforementioned pediatrician(s) to verify that the above listed children are currently registered patients at her or his office.

 Signature of Parent

 Date

 Signature of Physician

 Date