

Goddard Child Development Center  
NASA/GSFC Code 200.9  
Greenbelt, Maryland 20771  
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## Emergency Medical Treatment Authorization Form

I hereby authorize necessary emergency medical treatment, in case of injury, allergic reaction, or acute illness for my child \_\_\_\_\_ while (s)he is enrolled in the Goddard Child Development Center (GCDC).

Furthermore, in consideration for GCDC and its employees provided child care to the child, I, on behalf of the child, on my own behalf and on behalf of all other parents, guardians and/or heirs of the Child, intentionally and voluntarily relieve GCDC and its employees from any and all liability in connection with seeking or not seeking emergency care for the child, and hereby intentionally and voluntarily waive any and all rights that the child, I, or any other parent and/or guardian, or any heir of the child may have to sue GCDC or any of its directors, officers, employees and volunteers in the event of any injury to or illness of the child and obtaining or not obtaining emergency medical care for the child in the event of such injury and/or illness.

### WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES

Parent(s)/Guardian(s) hereby release and forever discharge GCDC and its employees or agents from any and all liability arising in law or equity as a result of GCDC employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Food Allergy Action Plan" (hereinafter referred to as the "Authorization"), provided that GCDC has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.

Parent or Guardian Printed Name: \_\_\_\_\_  
Parent or Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**NOTARY SEAL:**