

AMERIMED EARLY INTERVENTION PROGRAM

200 WEST 58TH STREET NEW YORK NY 10019 Tel: 718-339-4000 Fax: 718-339-7203



RELEASE

Department of Education Employee: _____

Agency Name: Amerimed Early Intervention Program

Child's Name: _____ **Date of Birth:** _____

EI #: _____

I understand that _____ will
(DOE Employee's Name)

Be providing service to _____
(Child's Name)

Pursuant to a contract between the Agency and the New York City Department of Health and Mental Hygiene's Early Intervention Program, I understand that the Department of Education Employee will not be permitted to provide services to my child when and if my child becomes eligible for pre-school services through the Department of Education, except and unless my child attends a Department of Education-operated program.

Signature of Parent: _____ **Date:** _____

Name of Parent: _____

A copy of this release shall be maintained in the child's file at the EI agency and by the Employee.