Nassau County Department of Health Preschool Special Education Program

PARENT/GUARDIAN CONSENT FOR ALTERNATE VERIFICATION SIGNATURE

I,	parent/guardian of		give
(Parent/Guardian's Name	Printed)		<u> </u>
permission for the following	ng individuals to sign trea	tment logs on my behalf.	
Please list individuals who	o will be able to sign - Day	y Care Staff, Teacher, Caregi	ver, etc. (must be over 18)
First Name/Last Name	Title	Signature	Email
		G	
(Parent/ Guardian Signature)			of Signature)
(Taronty Sauratur		(Butt	
ī	haraby with	idraw the above permission a	s of
(Print name of Parent/Gua	nereby with	draw the above permission a	(Date of Withdrawal)
(11111) 1111111 01 1 112 01111 0 011	,		(2 400 01 11 11 11 11 11 11 11 11 11 11 11 1
(Signature of Pare	 nt/Guardian)	(Date)
(Digitature of Lare	no Guardian)	(Date)	<i>)</i>