

## **PARENT/GUARDIAN CONSENT FOR ALTERNATE VERIFICATION SIGNATURE**

### **Early Intervention Program – Nassau/Suffolk/NYC**

Referring agency: New York Therapy Placement Services

**Please check off Early Intervention service type:**

☐ OT      ☐ PT      ☐ Speech      ☐ ABA      ☐ Special Instruction  
☐ Parent Child Group      ☐ Toddler in Motion Group      ☐ Family Training

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I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
(Parent/Guardian's Name Printed) (EI Child's Name)

\_\_\_\_\_, **GIVE permission** for:  
(Child's Date of Birth)

Please list all that will be able to sign session notes - Daycare Staff, Caregiver, etc. (Must be over 18 years of age).

1. \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
(Provider Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date of Signature)

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### **To WITHDRAW permission:**

I, \_\_\_\_\_, hereby withdraw the above permission as of \_\_\_\_\_.  
(Parent/Guardian's Name Printed) (Date of Withdrawal)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date of Signature)