

Nassau County Department of Health

Parent/Guardian Consent For Alternate Verification Signature

I, _____, give permission for Nassau County
(Parent/Guardian's Name Printed)

Attendance Sheets/Treatment Logs to be signed by the following individual(s) who are eighteen (18) years of age or older.

Please all who will be able to sign – Day Care Staff, Teacher, Caregiver, etc. (must be over 18)

- 1) _____ Title: _____
(Print caregivers name) (Relationship to Child)
- 2) _____ Title: _____
(Print caregivers name) (Relationship to Child)
- 3) _____ Title: _____
(Print caregivers name) (Relationship to Child)

(Parent/ Guardian Signature)

(Date)