

Child's Name \_\_\_\_\_

(please print clearly)

Date of Birth \_\_\_\_\_

**SUFFOLK COUNTY**

**AUTHORIZATION FOR ALTERNATIVE TO  
PARENT/GUARDIAN/CARETAKER SIGNATURE**

Date: \_\_\_\_\_

As parent/guardian of \_\_\_\_\_, I give permission  
for the Suffolk County Attendance Sheets/Treatment Logs to be signed by the following individual(s) who  
are eighteen(18) years of age or older.

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)