

**PUTNAM COUNTY
EARLY INTERVENTION AND PRESCHOOL PROGRAMS**

**PARENTAL PERMISSION FOR SIGN-OFF
ON THERAPIST LOG NOTES**

**I authorizeto sign off on log notes for my
(Name of Childcare Provider)**

**childprepared by:
(Child's Name)**

.....
(Name of Therapist)

.....
Parent Signature

.....
Date