



ALCOTT SCHOOL

Authorization for Childcare Provider to Review and Sign Record of Service

Parent Name: _____

Parent Address: _____

Authorization Period: 2024-2025 School Year

I/We, **(Name(s) of parent/guardian)** _____,
hereby authorize my child care provider and/or my child's teacher or preschool
director to review and sign record(s) of service for my dependent, **(child's
name)** _____ when I am unavailable to accompany the
child during his/her therapeutic services.

By signing below, I understand that:

- This authorization shall continue until revoked by me in writing.
- I have the right to revoke or cancel this authorization at any time by providing notice in writing to: **Alcott School, 535 Broadway, Dobbs Ferry, NY 10522.**
- If I revoke or cancel this authorization, it is not effective for the record(s) of service which has already occurred.

Print Name of Parent/Guardian

Signature of Parent/Guardian

www.alcottschool.org

535 Broadway, Dobbs Ferry, New York 10522
Phone: 914-693-4443
Fax: 914-693-2820