School-Age Program

2016-2017

Registration Packet

8 Banta Street, Suite 100
Phelps, New York 14532
315-548-8484 Main Office
315-548-8481 SAP
sap@phelpscc.org

The Phelps Community Center School Age Program is a NYSOCFS Certified program. The 2016-2017 Session of the School-Age Program will be held at the Phelps Community Center, 8 Banta Street, Suite 100, Phelps, N.Y. 14532 beginning September 6, 2016 through June 23, 2017. This program will include quiet time to study and do homework, weekly themes, a weekly trip to the library, cooking, gym time, arts and crafts, games and much more! Breakfast and snacks are provided, but the children must supply their own lunches during recess days.

School Year Program:

Registration Fee: There is a $35.00 Non-Refundable Registration Fee.

Per Day Fees:	One Child	Two Children	Three Children
Morning Session*	$11.00	$14.00	$16.00
Evening Session*	$12.00	$16.00	$22.00
Both Sessions	$19.00	$24.00	$32.00

Per Week Fees:	One Child	Two Children	Three children
Morning Session*	$32.00	$42.00	$52.00
Evening Session*	$42.00	$57.00	$67.00
Both Sessions	$57.00	$77.00	$92.00

The PCC School-Age Program's Morning Session is open from 5:45 a.m. until 8:45 a.m. and Evening Session will be 2:30 p.m. until 6:00 p.m.

School Recess Program/Emergency Closings

The Phelps Community Center School Recess program will be open during school vacations, holidays, conference days, and emergency closings from 5:45 a.m. until 6:00 p.m. Half day rates are for dismissal until 3:30pm. A calendar form must be filled out and turn into the Main office or SAP staff at least a week before a 1/2 day or recess day. If a form is not turned in and a child comes to the program without the form turned in, we may not be able to accommodate with our staff to child ratios. If we are able to accommodate an extra charge of $10.00 will be charged. If your child is signed up and does not show up, you will be charged the rate for the time scheduled. If you need to cancel your registration, please do so by emailing sap@phelpscc.org by 4pm the day before to avoid being charged.

The only time we are closed are on the following days:
Labor Day, Thanksgiving Day, Christmas Day, New Years Day, and Memorial Day or during a State of Emergency. Additionally, we may close the day after Thanksgiving, Christmas Eve, and New Year's Eve if enrollment number of 10 children isn't reached.

	One Child	Two Children	Three children
Per Day Fee	$32.00	$42.00	$62.00
Per Week Fee	$82.00	$117.00	$132.00
1/2 Day Fee	$9.00	$12.00	$15.00

2016-17 School Recess and Vacation Days

Oct. 10……..Columbus Day
Oct. 11……..Superintendent Conference Day
Nov. 10……Half-Day Superintendent Conference
Nov. 11……Veteran's Day
Nov. 16-18……Half Day Parent/Teacher Conference
Nov. 23-25……Thanksgiving Holiday
Dec. 7……..Half-Day Superintendent Conference
Dec. 26- Jan.2…..Holiday Recess
Jan. 16……..Martin Luther King
Feb. 6….. Half-Day Superintendent Conference
Feb. 20-24…..Winter Recess
March 17……Superintendent Conference Day
April 11-13…Half Day Parent/Teacher Conference
April 14-21…Spring Recess
May 16……..Half Day Superintendent Conference
May 29…….. Memorial Day
June 23……....Last Day For Students

***NOTE*: Dates are subject to change per the school year calendar & PCC discretion**

This is yours to keep at home

Mission and Values of the Phelps Community Center School-Age Program

Mission:

The purpose of the Phelps Community Center School-age Program is to provide quality child-care in a safe and nurturing environment that promotes the intellectual, emotional, social, and physical development of children.

Philosophy:

The Phelps Community Center philosophy is to provide programs in an affirmative environment that values safety, support, and care while allowing children the opportunity to grow independently as they participate in a variety of developmentally appropriate activities.

Staff Values:

We believe the success of our programs, as determined by your child's positive experience, is based in the quality of our staff. Our staff members are selected based on their experience, education, character, talents, and interpersonal skills. Our staff plans, with the oversight of our Director, Center procedures and curriculum development for the children. Training includes, but is not limited to, working with 5 to 12 year olds, principles of childcare; CPR, First Aid (RTE), and child abuse detection, which are mandated for all staff to complete successfully. All childcare staff are screened through the Office of Children and Families Services following an interview process. Most importantly, our staff has one main value – commitment to the children and families we serve.

Goals and Objectives:

The PCC School-Age Program promotes the values of caring, honesty, respect, responsibility, and healthy lifestyles. The program will meet the needs of children at the different stages of development by creating an environment that is homelike and promotes individuality as well as cooperation among the children who participate. Our daily schedule is structured so that it allows for a choice of a wide-range of developmentally appropriate activities, with a balance of active and quiet times. In doing so, children are provided opportunities to pursue particular interests and develop individual abilities. Children are encouraged to participate in the daily functioning of the programs, especially on the formulation of behavioral expectations and choosing some of the programs themes and activities.

Enrollment and Registration Policies

Licensing Registration Agency:

All PCC programs are licensed/registered by the New York State Office of Children and Family Services located at 259 Monroe Avenue 3rd Floor Room 301, Rochester, NY, 14607, (585) 238-8122, Child & Family Resources located at 429 Exchange St., Geneva, NY 14456, (315) 781-1491, and the New York State Department of Health located at 624 Pre-Emption Road, Geneva, NY, 14456, (315) 789-3030. All childcare programs are mandated to uphold all of the rules and regulations pertaining to childcare licensing registration.

Enrollment Criteria:

The PCC School-age Program is a non-discriminatory program and is open to all families regardless of race, gender, religious affiliation, cultural heritage, financial status, political beliefs, national origin, disability, marital status, or sexual orientation. Registration is open to all individuals who would like to participate in our program. All registration forms must be handed in before your child can attend our program. Please see checklist on Page 2.

In addition, we require that parents read the parent handbook and sign a statement verifying that they understand and will adhere to the policies and procedures set forth by the School Age Program. Please contact the Director of the School Age Program with any questions or concerns within the handbook. A handbook can be picked up in the Main School Age Program Room or in the Main Office after Registration has taken place.

Registration Changes:

Any change in registration information concerning you or your child must be made immediately through the Program Director (i.e. changes in pickup authorization, address, work or home phone numbers, emergency contacts, etc.).

This is yours to keep at home

Phelps Community Center School-Age Program Contract

Child's Name(s):

1. _____ 2. _____

3. _____

This agreement made between _____ as the parents for the above named child/children and the Phelps Community Center School-Age Program.

ATTENDANCE:

It is understood and agreed between the parties that the aforementioned child/children shall attend the Phelps Community Center School-Age Program, More than one option can be chosen:

_____ OPTION 1: Weekly Plan (Automatic Credit Card Payment Option available)

_____ OPTION 2: Daily Plan - Please Circle: M T W Th F

_____ OPTION 3: School Recess Program/Emergency Closing Plan

Enrollment in program under this contract is for the entire school year . If Option 1 is chosen you will be billed whether or not the child/children is/are in attendance. Parents understand and agree that children who are ill will not be allowed to attend the Phelps Community Center School-Age Program. It is further understood that should a child develop an illness while at the Phelps Community Center, the parent will be contacted to pick-up the child.

TUITION: Please circle choice(s)

Option 1: School Year Weekly Plan *(if chosen, tuition charged if child attends or not)*

Week ly Fees:	**One Child**	**Two Children**	**Three children**
Morning Session	$32.00	$42.00	$52.00
Evening Session	$42.00	$57.00	$67.00
Both Sessions	$57.00	$77.00	$92.00

Option 2: School Year Daily Plan

Per Day Fees:	**One Child**	**Two Children**	**Three children**
Morning Session	$11.00	$14.00	$16.00
Evening Session	$12.00	$16.00	$22.00
Both Sessions	$19.00	$24.00	$32.00

Option 3: Per Day Fees: School Recess Program/Emergency Closing Plan

	One Child	**Two Children**	**Three children**
Per Day Fee	$32.00	$42.00	$62.00
Per Week Fee	$82.00	$117.00	$132.00
1/2 Day Fee	$9.00	$12.00	$15.00

PAYMENT:

The parent(s) agrees that payment shall be made in the amount listed above if Option 1 is chosen on Friday before the week starts. If Option 2 or 3 are chosen you will receive an invoice on Monday, the week after the days attended were completed. Invoices will be sent weekly, statements will be sent monthly. We accept cash or check in the School Age Program room to any staff member, or cash, check as well as the Main Office. MasterCard, Visa, Amex, or Discover in the Main Office, online, and Automatic Credit Card Option. With the execution of this contract, a registration fee of $35.00 shall be paid to the Phelps Community Center.

In the event the parent defaults in payment for 1 week or more, the child can lose their placement at the program. Legal action may be taken for any balance due. Should legal action be necessary, the parent(s) shall be liable for all costs incurred including, but not limited to, court costs and reasonable attorney fees.

BILLING:

Would you like you Invoices printed and left in your child's folder or emailed to you? You can choose both. If you get your invoices/statements emailed to you it will allow you to pay online. Please choose below.

Choose 1 or both:

☐ Paper Billing

☐ Email Billing Email address to receive invoices and statements: _____

☐ Both

MEDICAL FORMS:

In this registration packet is a required contract for medical consent/treatment/report forms for the child/children in attendance. The parties agree said forms have been read and executed concurrently with the signing of this contract. Said forms are incorporated by reference to this contract

IV. ALTERATION:

This agreement may not be altered, modified or amended except in writing, properly executed by the parties to it.

_____

Director of Education and Recreation Date

_____

Parent/Guardian Signature Date

CACFP
Child and Adult Care Food Program
New York State Department of Health

Dear School Age Families,

It is very important that each family fill this form out and return it with your registration information. The School Age Program gets reimbursed for some of our food expenses based on this application. We appreciate your help.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

Instructions for Centers and Sponsors:

The *For Sponsor Use Only* section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The Sponsor Agreement Number.

Total Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid.*

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

CACFP
Child and Adult Care Food Program
New York State Department of Health

INCOME ELIGIBILITY FORM
for Child Care Centers

See INSTRUCTIONS on previous page

CHILD CARE CENTER NAME:	Phelps Community Center

Print the name of the child(ren) enrolled in this child care center:

1.		2.		3.	

DIRECTIONS:
Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION A

Food Stamp Case Number	
TANF Number	
FDPIR Number	
Names of Foster Children	

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature:	
Date:	

FOR SPONSOR USE ONLY

Sponsor Agreement Number _____

Total Household Members _____
(including foster children, if applicable)

Total Income $_____

Free _____ Reduced _____ Paid _____

Date Determined _____ / _____ / _____

Signature of Center Staff_____

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

	Name of Household Members			Monthly Gross Income	
1.			$		
2.			$		
3.			$		
4.			$		
5.			$		
6.			$		

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on

Signature:			
Print Name:			
SS#	xxx-xx-__ __ __ __	Date:	

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

Phelps Community Center
8 Banta Street • Suite 100
Phelps, New York 14532
315-548-8484
315-548-8481

Phelps Community Center School-Age Program
INFORMATION SHEET

Child's Full Name: _____ **DOB:** ___/___/___ **Gender:** _____

Child #2 Full Name: _____ **DOB:** ___/___/___ **Gender:** _____

Child #3 Full Name: _____ **DOB:** ___/___/___ **Gender:** _____

MOTHER'S NAME _____ EMAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK ADDRESS *(IN CASE OF EMERGENCY)* _____

☐ ☐ _____ WORK PHONE _____

AUTHORIZED FOR CHILD PICK UP: YES NO

FATHER'S NAME _____ EMAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK ADDRESS *(IN CASE OF EMERGENCY)* _____

☐ ☐ _____ WORK PHONE _____

AUTHORIZED FOR CHILD PICK UP: YES NO

GUARDIAN /RELATIVE/ OTHER NAME _____ EMAIL ADRRESS _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK ADDRESS *(IN CASE OF EMER-* ☐ ☐ *GENCY)*

_____

_____ WORK PHONE _____

AUTHORIZED FOR CHILD PICK UP: YES NO

ADDITIONAL INFORMATION: _____

_____

_____

Please remember, we require identification for pick-up, even though the above individuals are authorized for pick-up of your child. With your child(ren) in our care, it's our duty to keep them safe! If we are not familiar with a face, we will verify with ID to be sure your child(ren) are in the right hands.

Phelps Community Center
8 Banta Street • Suite 100
Phelps, New York 14532
315-548-8481
315-548-8484

Phelps Community Center School-Age Program
CHILD INFORMATION SHEET

In order to best fill your child's needs we would like for you to fill out the following form to help us get to know your child a little better. Please feel free to involve your child in filling out the form. We appreciate your time. Thank You!!

Child's Name: _____ **Grade** *(Fall 2016):* _____ **Age** *as of 9/07/16* **:** ____

Child's Name: _____ **Grade** *(Fall 2016):* _____ **Age** *as of 9/07/16* **:** ____

Child's Name: _____ **Grade** *(Fall 2016):* _____ **Age** *as of 9/07/16* **:** ____

Summer Option: _____

Favorite Subjects: _____

Does your Child(ren) have a nickname they prefer? _____

Developmental Milestones: _____

_____

Food/Medicinal Allergies: _____

What are your child's favorite hobbies, sports, and/or activities? _____

_____

What does your child not enjoy doing or has difficulty learning? _____

_____

How would you describe your child's social interactions and ability to develop friendships? _____

_____ _____

What kinds of thing does your child enjoy talking about? _____

_____

If your child gets upset, how is the best way to handle his/her frustrations? _____

_____

What are your expectations of the Phelps Community Center School-Age Program? _____

_____ _____

Any other comments that may be important for you or your child: _____

_____

_____

_____

Consent Form

LOCAL FIELD TRIPS:

The Phelps Community Center School-Age Program has my permission to take my child(ren) on walking, biking, and bussed field trips around the local Phelps Community and the Finger Lakes area at the staff's discretion.

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHY:

I give my permission to have my child/children photographed at the Phelps Community Center School-Age Program or on a field trip as deemed advisable by staff.

Parent/Guardian Signature: _____ Date: _____

SUN SCREEN:

I, _____, the parent/Guardian give my child(ren) _____ give permission to the staff of the Phelps Community Center to administer Sun Screen on my child. I will be providing _____ Sun Screen for my child to use.
(Brand and SPF)

Parent/Guardian Signature:_____ Date: _____

POLICIES:

I consent to the enrollment of the child(ren) listed on the registration form in the Phelps Community Center School Age Program located at the Phelps Community Center and have been advised of the policies regarding fees, transportation and the services provided by the facility and the Office of Children and Family Service regulations under which it operates.

Parent/Guardian Signature:

Phelps Community Center
8 Banta Street • Suite 100
Phelps, New York 14532
315-548-8484
315-548-8481

Authorization for Medical Treatment of Minors

This is a LEGAL DOCUMENT

Name of Minors	Birthdates	Indicate allergies, special conditions and medications

I/We the parent(s) or legal guardian(s) of the above named minor(s) do hereby appoint:

Names	Address	Phone
Phelps Community Center	8 Banta Street Phelps, NY 14532	**315-548-8484**

To act on my/our behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for the above named minor(s) during the period of my/our absence:

From 09/06/2016 through 06/23/2017

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time that unexpected medical, dental, surgical care or hospitalization may be required.

Parent/Guardian Signature Date Address

Witness Signature Date Address

Family Physician Name Phone Number Address

Insurance Company or Government Program ID or Contact Number

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM

CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name:	2. Date of Birth:	3. Child's Known Allergies:
4. Name of Medication *(including strength)*:	5. Amount/Dosage to be Given:	6. Route of Administration:

7A. Frequency to be administered: _____

OR

7B. Identify the symptoms that will necessitate administration of medication: *(signs and symptoms must be observable and, when possible, measurable parameters)*: _____

8A. Possible side effects: ☐ See package insert for complete list of possible side effects *(parent must supply)*

AND/OR

8B: Additional side effects: _____

9. What action should the child care provider take if side effects are noted:

☐ Contact parent ☐ Contact health care provider at phone number provided below

☐ Other *(describe)*: _____

10A. Special instructions: ☐ See package insert for complete list of special instructions *(parent must supply)*

AND/OR

10B. Additional special instructions: *(Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.)* _____

11. Reason for medication *(unless confidential by law)*: _____

12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally?

☐ No ☐ Yes If you checked yes, complete (#33 and #35) on the back of this form.

13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?

☐ No ☐ Yes If you checked yes, complete (#34 -#35) on the back of this form.

14. Date Health Care Provider Authorized:	15. Date to be Discontinued or Length of Time in Days to be Given:
16. Licensed Authorized Prescriber's Name (please print):	17. Licensed Authorized Prescriber's Telephone Number:

18. Licensed Authorized Prescriber's Signature:

X

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM

CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? *(For example, did the licensed authorized prescriber write 12pm?)* ☐ Yes ☐ N/A ☐ No

Write the specific time(s) the child day care program is to administer the medication *(i.e.: 12 pm)*:_____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to *(child's name)*:

21. Parent's Name *(please print)*:	22. Date Authorized:

23. Parent's Signature:
X

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name:	25. Facility ID Number:	26. Program Telephone Number:

27. I have verified that (#1 - #23) and if applicable,(#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name *(please print)*:	29. Date Received from Parent:

30. Staff Signature:
X

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on _____
(Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:
X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: _____

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:
X