

Doncaster Special School Outreach Support Service
Parental Consent for Outreach Support into School/ Setting

Child's Name:

School/ Setting:

Outreach Support Service Contact:

Parental Consent

I give permission for Doncaster Special School Outreach Support Service to seek information from other practitioners who may have relevant information about my child and to store, process and share information with appropriate practitioners in compliance with Data Protection laws. I also give permission for members of Doncaster Special School Outreach Support Service to work with my child individually or in a group and that I have the right to be present at any individual session if I wish. I understand that I can withdraw part or all of this consent by writing to the named person from Doncaster Special School Outreach Support Service at any time.

Name of person signing:

Relationship to child:

Signature: Date: