



Parental Consent

Child's Name

I give my permission for the above named child to be assessed and supported by The Outreach Service provided by The Russett School

Parent's Name and Address

Phone No

(Parent's Signature) (Date)

I also give my permission for the Outreach Service to contact any other agency involved with the above named child.

(Parent's Signature) (Date)

The Russett School
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