

## Greenvale School Permission Form while at Greenvale School

Name of Student.....

At Greenvale we believe that sharing information between families and professionals supports the child.

I give permission for my child ..... (Student's name) to receive the following services:

1. Screening students (Health) School Nurse/School Doctor. Height and Weight – Vision and Hearing. To see students at teachers request. (Not to undress students)
2. Physiotherapists, Occupational Therapists, Speech & Language Therapists, Music Therapists. To carry out planned assessments and treatment programmes recommended by each therapist if requested/referred by teacher/parent/medical team.

We receive information from other health professionals about your child's health. We share all health information with the school when it is important to your child's development and life in school and for transition to adult services.

I am happy for the sharing of information between the school, the school social worker and health professionals.

Date of signing.....

Signature of parent/carer.....

Please state relationship to student.....

Any further comments you may like to add:-

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**Please contact Greenvale School if you would like further information.**