**Special Needs**

**Tor Hill House, 4th Floor South**

**c/o Torquay Town Hall**

**Castle Circus, Torquay**

**TQ1 3DR**

**Email:** **ehcp@torbay.gov.uk**

**Mayfield Outreach Service**

**Parental Consent Form**

Pupil's Name: ……………………………………………………………………………………………..

School: …………………………………………………………………………………………………….

I agree to Mayfield Outreach Support Service visiting my child in school.

 I do not wish Mayfield Outreach Support Service to visit my child in school.

Signed: ………………………………………………….

Name: …………………………………………………… Date: ………………………………………

Please return this form to the address shown at the top of this form.

Last updated May 2021