

**Phoenix Outreach Service Parent Permission Slip**

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| **Before filling this form please ensure that the child has a diagnosis of autism OR you have submitted a request to NDT/ASDAS or CAMHS for diagnosis**  **You must also provide a copy of evidence that the child has a diagnosis of ASD (ASDAS or CAMHS report or equivalent) or that a request has been submitted to NDT/ASDAS or CAMHS** | |
| **Child’s First Name(s):** | **Last Name:** |
| **Gender: M**  **F** | **DOB:** |
| **Name of School or EY setting:** | **Does the child have a diagnosis? Yes  No**  **Does the child have an EHCP? Yes  No** |
| **Child’s home address:** | |
| **Parent/carer’s Name:** | |
| **Parent/carer’s Telephone No:** | |
| **Parent/carer’s email address (please note that by providing an email address, you consent to Phoenix Outreach Service making contact to inform of parent workshops and other information)** | |

**Parent/carer’s permission:**

Signature: Name: Date:

*I am aware that the school is requesting the involvement of the Phoenix Outreach Service (POS) for my child and I agree to this. I agree to POS sharing information with other professionals and external agencies such as education, health, social care or the local authority, where appropriate, who are involved in plans to meet my child’s needs. If I have provided an email address, I consent to Phoenix Outreach Service making contact to inform me of parent workshops and other relevant information.*

Completed by: Name: …………………………………… Date: …………………………

Role: ……………………………………….

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