

Phone: (01273) 29....

e-mail:

Date:

Dear

Please sign below to confirm that you give permission for a teacher or specialist nursery nurse from the Brighton & Hove Inclusion Support Service to observe your child/ren.

In accordance with the Data Protection Act 1998 we will record (on the BHISS database) your child's name, date of birth, contact details and pre-school setting attended.

Any written observations may be shared with other agencies in order to ensure that your child will be fully supported. Other agencies may include:

- Health Visitor
- G.P.
- Seaside View Child Development Team
- CAMHS (Children & Adolescents Mental Health Service)
- EMAS (Ethnic Minority Achievement Service)
- Pre-school setting
- Speech & Language Therapy Service
- Occupational Therapy Service
- Physiotherapy Service
- Sensory Needs Service
- Audiology Department
- Educational Psychology Service
- ASC (Autistic Spectrum Condition) Support Service
- Social Services
- Primary Schools

To give consent please sign below.

Signed

Print Name/s.....

Child/rens Name/s.....