

**Parent Permission for School/Preschool Visit**

I \_\_\_\_\_

the Parent of \_\_\_\_\_

give permission for staff from Clever Bees to visit my child at

\_\_\_\_\_

the purposes of my child's therapeutic intervention.

My child is in year/room \_\_\_\_\_.

The following staff members know about my child's needs and I give permission for staff from Clever Bees to liaise with them (provide contact email address if known):

I am aware that it is my responsibility to notify staff from Clever Bees if my child is not able to attend school/preschool on the day of a scheduled appointment, and to also notify staff from Clever Bees if there are changes to the usual school/preschool routine on the day of a scheduled visit.

Staff from Clever Bees will also seek to liaise with the above listed school contact to also confirm appointments.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_