

PAC-UK Commissioned Educational Psychology Service Consent Form

I give consent for PAC-UK's Educational Psychologist to be involved in working with the school and our family to support _____ [child's name].

I have been given a copy of the contract between the school and PAC-UK, and I understand the nature of the EP's role and involvement, and how I can be involved.

Name: _____

Signature: _____

Relationship to child: _____

Date: _____

Name	Role & Agency	Contact details	I do/do not give consent for the EP to liaise with them by telephone (please v or x)