Scoil Bhríde,

Nurney,

*Principal – Dr. Vinny Thorpe*

*Dep. Principal – Catherine Owens*

County Kildare.

Te/Fax: (045)526767

Email: sbnurney@gmail.com

www.nurneyns.com

Roll no: 16345A

To whom it may concern,

I/We, the Parent(s)/Guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert child’s name),* authorize Scoil Bhríde Nurney to provide details of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_‘s *(insert child’s name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert what specific information/results e.g. MIST, Sigma-T, Micra-T, Behaviour, IPLP, IEP etc.)* to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert the recipient’s name e.g. HSE, Primary Care, Pediatric Occupational Service, NEPS etc.)*

The information above which I/We authorize for provision, I/We am/are aware will be used to inform assessment.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent(s)/Giuardian(s))

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