

SEN and Special Medical Care Form

GODFREY ERMEN CE PRIMARY SCHOOL (Continue)

Is there any involvement from the following services?

Service	Name and address	Reason for involvement
Health Visitor		
Paediatrician		
Audiologist		
Speech and language therapist		
Advisory team for sensory impairment		
Social work team		
Other professionals e.g. Education Welfare Officer, CAMHS		

Does your child have a CAF? YES NO

I give you my permission to contact any of the above professionals to discuss my child's health / development.

Signed: _____