

**St. Laurence O'Toole's C.B.S.  
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### **Consent Forms**

I \_\_\_\_\_ parent / guardian of \_\_\_\_\_, give my permission for testing and assessment results and other relevant information to be released.

I offer my permission on the basis that all information gathered would be handled professionally and in the strictest of confidence.

Signed: \_\_\_\_\_

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