



**PRIMARY SCHOOL
S.Y. 2024-2025**

**Informed consent
for the child's access to the Psychological Listening Corner**

We _____ & _____,
parents of _____,

born at _____ on _____
attending class _____

AUTHORISE

their child to take advantage of individual meetings with the school
psychologist Dr Elena Garlaschi.

In faith,

Parent 1 _____

Parent 2 _____

Date _____