

Braincalm™ Intensive Parental Consent Letter

Dear _____

We feel that _____ would benefit and enjoy a regular program of specific exercises which are intended to boost brain skills for the days learning. During the class your child would take part in simple activities such as jumping & balancing.

The exercises will be fun and may also help them focus & learn better in school.

The sessions will take place every day for approximately 20 minutes daily. Progress will be monitored and feedback will be given to your child's teacher after six or seven weeks. It will then be decided whether further sessions would be beneficial.

If you wish to discuss any aspects of this program in greater detail, please do not hesitate to contact me.

Yours sincerely,

Parent: Please sign here and return this to verify that you agree to your child _____ may attend this class.

Parent/Guardian Signature _____