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| **Medical Consent Form for Child or Young Person in Placement (Part 1)** | | | This form must be fully completed and a signed copy provided to carers at the point the child is placed in their care; and a signed copy should be uploaded to the case record of the child / young person | | | |  | | | | |
| **Child/Young Person Name:** | |  | | **Person ID:** |  | | | **Date of Birth:** | |  | |
| **I/We Consent to Medical Treatment:** | |  | | | | Enter the name(s) of parent(s), or other person with Parental Responsibility or Young Person if giving own consent. If not known enter Derbyshire County Council | | | | | |
| **Agree to Derbyshire County Council arranging the following surgical, medical and dental procedures or treatments for child/young person named above; whilst she/he is looked after by them, if the child/young person is not deemed able to give his or her own consent by an appropriately qualified health professional.** | | | | | | | | | | | |
| *Please indicate agreements below* | | | | | | | | | | | |
| **Health information sharing** - consent given for: | | | | | | | | | | |  |
| * access to my child’s health record and the maternity record, including important health information in my family; | | | | | | | | | | | **Yes / No** |
| * confidential sharing of health information between health and other professionals planning my child’s care; | | | | | | | | | | | **Yes / No** |
| * agreement to relevant information being shared with my child at suitable times in the future. | | | | | | | | | | | **Yes / No** |
| **Routine screening and treatment** - consent given for: | | | | | | | | | | |  |
| * routine medical and dental examinations or treatment, including immunisations, orthoptics (eye check), audiology (hearing) and paediatric review, deemed to be in the best interests of my child by an appropriately qualified health professional. | | | | | | | | | | | **Yes / No** |
| * the administration of non-prescription medicines e.g. paracetamol. | | | | | | | | | | | **Yes / No** |
| **Planned treatment** - consent given for: | | | | | | | | | | |  |
| * planned surgical intervention/treatment deemed by an appropriately qualified health professional to be in the best interests of my child | | | | | | | | | | | **Yes / No** |
| **Emergency treatment** - consent given for emergency surgical, medical and dental examinations and intervention (including anaesthetics) | | | | | | | | | | | **Yes / No** |
| **Additional agreements** **and consents** might be required for children and young people with specific needs such as mental health. They are also used to in relation to children with complex health needs and the use of specialist procedures and/or equipment by trained staff. | | | | | | | | | | | |
| Description of additional agreement 1: | | | | | | | | | | | **Yes / No** |
| Description of additional agreement 2: | | | | | | | | | | | **Yes / No** |
| Signature(s) of a parent/person with parental responsibility *or* a young person giving own consent  acknowledging that they have received information and understand the nature of the consents they are giving  *Please indicate agreements below* | | | | | | | | | | | |
| * The nature of consent to medical treatment has been explained to me: | | | | | | | | | | | **Yes / No** |
| * I understand that these permissions will be delegated to the named carers looking after me/my child and these names will be updated if carers change: | | | | | | | | | | | **Yes / No** |
| **Signature:** |  | | | | | | | | **Date:** | |  |
| The signatures on this section of the form should reflect the PR holder(s) named at the top of this page. Where the Local Authority is the named PR holder, this form should be signed by the District Manager, in their absence this should be signed by   * A Service Manager, and in an emergency where neither is available it can be signed by the Social Worker. * At the earliest opportunity a subsequent copy of this consents section should be counter-signed by the District Manager, this should be scanned onto the documents screen of the child’s record on FWi and this updated copy provided to the Carer. | | | | | | | | | | | |
| **Additional information/comments from parents, persons with parental responsibility or a young person giving own consent.** For example any allergies, conditions or treatment for the child or young person. | | | | | | | | | | | |
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| **Medical Consent Form for Child or Young Person in Placement (Part 2)** | | **Consents and Additional Agreements Delegation of Responsibility** | |  | | |
| * Consents for medical treatment as agreed for the child named on part 1 of this form, has been delegated to the carers/professionals detailed below \*: | | | | | | |
| **Name:** |  | **Position:** |  | | **Date:** |  |
| **Name:** |  | **Position:** |  | | **Date:** |  |
| **Name:** |  | **Position:** |  | | **Date:** |  |
| Insert the name and position of the person the authority has delegated the responsibility for giving consent to medical treatment i.e. foster carer, unit manager | | | | | | |

\* In certain circumstances to safeguard the child or the carers, their names and addresses should not be disclosed on this form

* **Further details of the Child or Young Persons Health Needs will be detailed on their current Care and Placement Plan.**
* **Children with complex health care needs or disabilities will also have an Individual Treatment Plan to which a parent or other person with parental responsibility will have given their consent**
* **Where a Child or Young Person moves placement part 2 of the form should be updated with the new delegated responsibility.**

Revised April 2013