**Consent to s20 Accommodation**

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| --- | --- |
| **Name of child/young person** | **D.O.B** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Parent/carer** | **D.O.B** | **Relationship to child** | **PR?**  If no, their consent is NOT required |
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|  |  |  |  |
|  |  |  |  |

* I confirm that the social worker has discussed with me the need for my child to be cared for by Buckinghamshire Children’s Services.
* I understand that this is voluntary accommodation and I have the right to withdraw my consent at any time.
* I confirm that I have been advised to seek legal advice.
* I agree to any necessary medical assessments of my child that are required immediately
* I give permission for my child’s carer to administer first aid and non-prescription medication

**EXCEPT** those specified below:

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My child has the following known allergies/disabilities/additional needs:

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|  |

My child has the following prescribed medications (include dosage):

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**I give permission to Buckinghamshire Council to look after my child under section 20 of Children Act 1989.**

Signed by:

Mother ………………………………………

Father ………………………………………

Other ………………………………………

(including young person if they have capacity to consent)

Date ………………………………………

**s20 Accommodation**

Buckinghamshire Council is offering to provide accommodation for your child under s20 Children’s Act 1989 as we are concerned for your child’s welfare at this moment in time and there is no one in your family who can care for your child

You are NOT obliged to agree to this but, if you do not, we may consider applying to the court for a Court Order in order for this to happen.

If possible, we will give you time to seek legal advice before you make this decision. If this has not been possible you should contact a solicitor to discuss your options as soon as possible.

You may withdraw your consent and ask for your child to be returned home.

In consenting to s20 you agree:

* That the foster carer may seek routine medical and dental treatment for your child
* That the foster carer may administer first aid and non-prescription medication if necessary
* To attend a meeting with us to discuss your child’s placement in detail including the need to sign the BAAF forms in order to progress the Initial Health Assessment
* To work in partnership with us

We will:

* set up reasonable contact for you with your child
* Work in partnership with you
* set up a meeting with you as soon as possible to discuss your child’s placement in detail
* assess any family members or friends proposed as possible carers
* provide you with the contact details for the foster carer if possible
* Except in emergency situations we will involve you in any significant decisions made regarding your child. In emergency situations, we will inform you of events as soon as possible afterwards
* Arrange a statutory health assessment of your child which will be shared with relevant professionals

Social worker ………………………………………

Dated ………………………………………

Contact details

Social worker’s name:

Contact number:

Out of Hours emergency number 0800 999 7677

Foster Carer’s name:

Contact number: