# MEDICAL CONSENT FORM – LOOKED AFTER CHILD

**Please read this form carefully. If you have any further questions, do ask – we are here to help you and your child with their health needs. You have the right to change your mind at anytime, including after you have signed this form.**

**Definition: “Parental Responsibility”, in brief terms, means someone who has legal responsibility to look after a child, such as the child’s parent or someone with whom the child lives under a child arrangements order.**

Child’s name:

Child’s Date of birth:

Address:

Telephone number of person with parental responsibility:

**Looked after Children’s Team duty number:**

**Out of Hours Emergency Duty team number:**

Name and Address of Child’s GP:

Legal Status of Child:

This form must be signed by an individual with parental responsibility for the child. For children subject to a court order where Parental Responsibility is shared with the Local Authority a relevant Service Manager can sign this form. Attempts should be made to seek the signature of the person with parental responsibility, regardless of the legal status of the child. It can also be signed by a child aged 16 or over, assessed by the social worker to have been able to sign their own section 20 consent.

**Signed by parent or person with parental responsibility**

I hereby give consent for **Childs name** to have regular medical examinations required by law for Looked after Children, as well as any follow- up tests, screening or immunisations needed. I confirm that I have been provided with written information of what this will involve.

I give permission for the health professional to:

* Contact other professionals involved with the child: And
* To gather/share information relating to me and my child, this information may be verbal or written

**Signed:**

**Date:**

**Name:**

**Relationship to child:**

**Signed by Service manager/Local Authority**

I can confirm that the Local Authority holds a Care Order in respect of the above named child and on behalf of the Authority consent for **Child name** to have regular medical examinations required by law for Looked After Children as well as any follow-up tests, screening or immunisations needed.

**Signed:**

**Date:**

**Name:**

**Relationship to child: Corporate Parent**