**COVID-19 vaccination: consideration of consent for cared for children**

**Name of child:**

**DOB:**

**Legal Status:**

**Social Worker:**

|  |  |
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| What are the views of the young person? How were these views sought and gained, including date of the visit? |  |
| Date of consultation with parents. |  |
| Detailed notes of parent/s’ views. |  |
| Are the views of the young person in line with the views of their parent/s? |  |
| If YES, date this record is provided to the young person, their carer or placement provider? |  |
| If NO, date legal advice sought? |  |