Name of the Child: Date of birth:

**Consent to medical treatment**

I/we, who have parental responsibility for the above-named child (insert child’s name), agree to Bristol City Council arranging the following consents for medical treatment. Such treatment would be carried out by an appropriate qualified medical practitioner for the child; whilst she or he is looked after by Bristol City Council, if the child is not deemed able to give his or her own consent (consider Gillick Competency Test and Fraser/Bichard Guidance).

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| --- | --- |
| Is child deemed able to give consent (circle)? Yes No | |
| **Type of treatment** | **Name and position of the person the authority has delegated the responsibility for giving consent to medical treatment** |
| **Emergency: surgical, medical and dental examinations and interventions, including anaesthetics** | Signature:  Date of signing |
| **Routine: medical and dental intervention/treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child, including immunisations** | Signature:  Date of signing: |
| **Planned: surgical intervention/treatment deemed by an appropriate qualified medical practitioner to be in the best interests of the child** | Signature:  Date of signing: |
| **Where applicable, additional consents for complex health needs (e.g. Agreement to psychiatric or psychological assessment, consent to administration of non-prescription medicines, such as Calpol, or to consent to the use of an provision of specialist equipment such as tube feeding).** | List health needs:  Signature:  Date of signing |

The issue of medical consent has been explained to the person with parental responsibility

Name of social worker:

Signature:

Date explanation given:

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| Parental views on medical consents, including any exceptions to the above: |