



**Parental/Guardian Consent form to carry out and share information of Health Assessment for Child/Young Person in Social Care**

**Child/Young Person Details**

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| --- | --- |
| **Full Name of Child/Young Person (Print):** | |
| **Date of Birth(dd/mm/yyyy):** | **NHS Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** |

**Parent/Guardian (Consent Giver) Details**

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| --- |
| **Full Name of Parent/Guardian (Print):** |
| **Relationship to Named Child/Young Person:** |

**Giving Your Consent for Health Assessments to be carried out:**

**I Name (Print):……………………………………………………………(Parent/Guardian)**

**Give my Consent for Health Assessment to** be undertaken when deemed necessary for the continued and unaffected Health and Wellbeing of **Name of Child/Young Person:……………………….** Whilst placed in Social Care.

• *Further to this signed consent where the Child/young person is evaluated as fully comprehending the process then further verbal consent will be gained from her/him direct to carrying out the Health Assessment and recorded in their relevant patient or care record*

**Signature of the above named Parent/Guardian:**

**Signature: ………………………………………………………………………Date:……………………. Relationship to Named Child/Young Person:………………………………………………………….**

**Giving Your Consent for Sharing of Health Assessment Information with relevant Health and Social Care Professionals**

**I Name (Print):………………………………………………………………(Parent/Guardian)**

**Give my Consent for Name of Child/Young Person:…………………….** health assessment information to be shared with relevant Health and Social Care Professionals e.g. GP, Nurse, Social Worker who will be involved in the care of my Child/Young Person for the purpose of their continued and unaffected Health and Wellbeing whilst they are placed in Social Care.

• This information sharing will be carried out under a strict ‘need to know’ basis

• The consent giver will be advised at the most practical point in this information sharing process who the child/young person’s information will be/ has been shared with for the purpose of supporting them with their Health and Wellbeing

**Signature of the above named Parent/Guardian:**

**Signature: ………………………………………………………………………Date:…………………….**

**Relationship to Named Child/Young Person:………………………………………………………….**

Form completed by:

|  |  |  |
| --- | --- | --- |
| Name: | Work Role: | Organisation: |