**Private Foster Carers Delegated Authority.**

This form is being completed in respect of **[Insert Child / young Person’s name]**

As the Parent / Person with Parental Responsibility for the above child / young person.

I **[insert name]** who is resident at; **[Insert address]**

give authority to the Private Foster Carer **[insert name]**

who is resident at; **[insert address]**

Permission to exercise parental responsibility in the following areas in respect of the above child:

|  |
| --- |
| *Issues relate to*   * Permission to immunise * Routine health checks * Day to day care * Application of Faith * Cutting of hair and purchase of clothing * Dietary needs * School trips * School to attend * Judgement in respect of sleep overs, staying with friends * Going on holiday / abroad * Dental care * Emergency treatment * Imposition of restrictions on certain behaviours * etc |

Should verification be required my contact details are **[insert Number]**

Signed;

Name;

Dated: