**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: