**Looked After Child Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Persons Details** | | | |
| **Name** |  | | |
| **Carefirst ID** |  | | |
| **Address** |  | | |
| **Tel Number** |  | | |
| **Date of Birth/Age** |  | | |
| **Gender** |  | | |
| **Primary Worker** |  | | |
| **Responsible Team** |  | **Tel Number** |  |
| **Consent Date** |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Agreement** | | | | | | | |
| If a parent or young person does not speak English easily you may need the help of an interpreter in completing these agreements. | 1 | **Parent/Person with parental responsibility** | I/we agree to NAME being accommodated by **Northamptonshire Children’s Trust** | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  | **Signature** |  | **Name** |  | **Date** |
|  |  |  |  |  |  |  |  |
|  |  |  | **Signature** |  | **Name** |  | **Date** |
|  |  |  |  |  |  |  |  |
|  |  |
|  |  |
| It is important to be sure that parents and persons with parental responsibility understand before they sign the agreement to particular immunisations or other specific medical treatments | 2. | **Parental agreement to medical treatment** | I/we agree to **Northamptonshire Children’s Trust** arranging the following medical treatment (including dental treatment) for while he is being looked after by them. | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | | Emergency medical examinations and treatment including anaesthetics | | | | | | | | | | |  |
|  | |  | |  | | Regular medical examinations required by law for looked after children | | | | | | | | | | |  |
|  | |  | |  | | Routine medical treatment including immunisation | | | | | | | | | | |  |
|  | |  | |  | | The Issue of consent to medical treatment or particular immunisations to which you do not give consent - please explain why | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | | |  | |
|  | |  | |  | | To whom has the authority delegated the responsibility for giving consent to medical treatment including dental care? | | | | | | | | | | | |
|  | |  | |  | | Emergency Treatment including anaesthetics | | | | | | | | | | | |
|  | |  | |  | | Name: | |  | |  | |  | | | |  | |
|  | |  | |  | | Position: Service Manager | |  | |  | |  | | | |  | |
|  | |  | |  | | Telephone Number: | |  | |  | |  | | | |  | |
|  | |  | |  | |  | |  | |  | |  | | | |  | |
|  | |  | |  | | Routine treatment (including immunisations and statutory  medicals) | | | | | | | | | | | |
|  | |  | |  | | Name: | |  | |  | |  | |  | | | |
|  | |  | |  | | Position:Service Manager | |  | |  | |  | |  | | | |
|  | |  | |  | | Telephone Number: | |  | |  | |  | |  | | | |
|  | |  | |  | |  | |  | |  | |  | |  | | | |
|  | |  | |  | | Signature | |  | | Name | |  | | Date | | | |
|  | |  | |  | |  | |  | |  | |  | |  | | | |
|  | |  | |  | | Signature | |  | | Name | |  | | Date | | | |
|  | |  | |  | |  | |  | |  | |  | |  | | | |
| Further comments: local authorities sometimes have to take actions which do not accord with the wishes and feelings of all members of the families concerned. Parents and children and young people may wish to record their reservations even if they agree that a period of care or accommodation is the only feasible option at present. | |  | | **Further Comments** | |  | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | |  | | | |
| Where appropriate, children and young people, under 16 and of sufficient age and understanding, should be encouraged to sign at Agreement 5 in additional to their parents signature at Agreement 7. | | **3**. | | **Child/ young person** | | *(Under 16: If of sufficient age and understanding. 16 & over: If the young person concerned is being accommodated without parental consent s/he should be encouraged to sign this agreement.)*  I agree to be accommodated by **Northamptonshire Children’s Trust** | | | | | | | | | | | |
|  | |  | |  | | Signature | |  | | Name | |  | | Date | | | |
|  | |  | |  | |  | |  | |  | |  | |  | | | |
|  | |  | |  | |  | |  | |  | |  | |  | | | |
| Any other issues regarding consent, that the young person wishes to highlight | | Further Comments | | | |  | | | | | | | | | | | |
|  | | 4 | | **Relative/Friend (immediate placements by local authorities)** | | I/we agree to look after .....................(child/young person) at the placement address for a period not exceeding 16 weeks, unless subsequently approved and issues with a foster care agreement between myself/ourselves and **Northamptonshire Children’s Trust**. I/we agree to carry out all the duties specified in the *Care Planning, Placement & Case Review Regulations 2010.*  I/we have received written information concerning these regulations. I/we also agree to co-operate with all arrangements made by **Northamptonshire Children’s Trust.** | | | | | | | | | | | |
|  | |  | |  | | Signature | |  | | Name | |  | | Date | | | |
|  | |  | |  | |  | |  | |  | |  | |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Signature |  | Name |  | Date |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 5 | **Approved Foster Carer/Adopters** | I/we agree to look after at the placement address for a period not exceeding 16 weeks, unless subsequently approved and issued with a foster care agreement between myself/ourselves and **Northamptonshire Children’s Trust**. I/we agree to carry out all the duties specified in the *Care Planning, Placement & Case Review Regulations 2010.* I/we have received written information concerning these regulations. I/we also agree to co-operate with all arrangements made by **Northamptonshire Children’s Trust.** | | | | |
|  |  |  | Signature |  | Name |  | Date |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Signature |  | Name |  | Date |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 6 | **Residential Worker/ manager** | We agree to look after. ........................................... at the placement address. | | | | |
|  |  |  | Signature |  | Name |  | Date |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 7 | **Social Worker/ Duty Social Worker** | The information recorded in the Placement Information Record and Care Plan has been accurately recorded in the child/ young person’s record. | | | | |
|  |  |  | Signature |  | Name |  | Date |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Signature |  | Name |  | Date |
|  |  |  |  |  |  |  |  |