**Consent for Child to be Accommodated under Section 20 0f the Children Act 1989 & Medical Treatment / Health Assessment**

I/we agree for my child/ren

[*Child 1*………………………………………… D.O.B …………………..]

[*Child 2…………………………………………* D.O.B …………………..]

[*Child 3*……….………………………………… D.O.B …………………..]

[*Child 4*…………………………………………. D.O.B …………………..] to be cared for by Lincolnshire County Council.

I understand that:

* I/we can say no to this plan
* I/we can change my mind at any time
* I/we can seek legal help about this agreement

**Medical Treatment / Health Assessment**

1. I/we agree for our child/ren to receive any routine medical treatment, including dental checks, immunisations and vaccinations whilst in the care of the Local Authority.
2. I/we agree for our child/ren to receive any emergency medical treatment on the basis that the Local Authority will ensure that all reasonable efforts are made to notify me/us of the reason for the necessity and nature of the treatment.
3. I/we agree for our child/ren to have an initial health assessment which looks at height/weight and the child’s health and development needs, followed by annual/six monthly health assessments.
4. If further information is required I/we consent to the health advisor to obtain information from the health records, general practitioner (GP/Doctor) and specialists who have cared for the above named child/ren.
5. We consent to our child/ren being subject to an assessment of educational needs by the virtual school.

I understand that my child will reside with [Carers……………………………………………………] at the following address: -

[……………………………………………………………………………………………………………………………………………………….].

Signed [*parent one*………………………………………………………………… Date…………………………………..]

Signed [*parent two*………………………………………………………… Date…………………………………..]

I [*Social Worker*…………….………………………………….] confirm that I have witnessed this signing of this form/consent and that at the time of signing

[P*arent's name/s* …………………………….…………………………………………………………………………………….] demonstrated

1. A full understanding of the consequences of giving such a consent
2. Where informed and understood all of the choices which were available to them;
3. Had all the facts which were necessary to give consent.

Signed [social worker] ……………………………………………………………….date ………………………………………