

## Placement Consents

(to be used in conjunction with the Delegated Authority Standard Agreement and attached to the Placement Information/Placement Plan

(Rev Jan 2010)

Please note: It is the role of the child's placing social worker to discuss with the persons with parental responsibility the issues of Delegated Authority, BEFORE the Placement Planning Meeting.

<b>Name:</b> .....	<b>CareFirst Number:</b> .....
<b>Address:</b> .....	

### Child/Young Person's Agreement (If of sufficient age and understanding. If the person concerned is 16 or over and being accommodated without parental consent, it is a legal requirement that he/she sign).

I agree to be looked after by Devon County Council at: .....

(name of carers)

..... (address) ..... (tel number)

Signature: ..... Name: ..... Date: / /

### Parental Agreement

*\* Delete as appropriate*

\*I/We agree to \*my/our \*son/daughter being accommodated by Devon County Council. Yes  No

\*I/We consent to provide his/her Birth Certificate to Social Services. Yes  No

\*I/We consent to provide a current photograph of \*my/our \*son/daughter to Social Services. Yes  No

\*I/We understand that these items will be held on \*my/our child's file which will remain confidential and be held securely on Social Services premises.

\*I/We have read and understand the information contained in Guidance for Parents on Health Assessments for Looked after \*Children/Young People.

\*I/We agree to the terms of the Delegated Authority Standard Agreement, and the information in the Placement Information/Agreements. Yes  No

\*I/We agree to Devon County Council arranging the following medical treatment including dental treatment for him/her while he/she is being looked after by them:

Emergency medical examinations and treatment (including anaesthetics). Yes  No

Routine medical treatment, including immunisation. Yes  No

Initial and ongoing regular health assessments required by law for looked after children. Yes  No

\*I/We understand that the health assessments will be used to form the basis for generation of a Personal Health Plan for \*my/our child and that this will be updated after each health assessment. \*I/We understand that this Plan will be distributed to those that have a legitimate involvement in \*my/our child's health care. This will include \*myself/ourselves, social services, foster carer(s) and relevant health professionals. Yes  No

Specify any form of medical intervention and/or areas of Delegated Authority not agreed to and the reason:

.....

.....

.....

The issue of consent to medical treatment has been explained to me.

Signature: ..... Name: ..... Date: / /

Signature: ..... Name: ..... Date: / /

### Approved Foster Carer

*\* Delete as appropriate*

\*I/We agree to look after ..... (\*child/young person) at the placement address and to comply with all aspects of foster care agreement as stated in Schedule 12 or, in an emergency placement, Section 11 (4) of the Foster Placement (Children) Regulations, 1991. \*I/We have received written information concerning these regulations. \*I/We also agree to co-operate with all arrangements made by Devon County Council for him/her.

Signature: ..... Name: ..... Date: / /

Signature: ..... Name: ..... Date: / /

### Residential Worker

*\* Delete as appropriate*

\*I/We agree to look after ..... (\*child/young person) at the placement address

Signature: ..... Name: ..... Date: / /

Signature: ..... Name: ..... Date: / /

### Supervising Social Worker / Community Care Worker

*\* Delete as appropriate*

I agree to supervise the placement of ..... (\*child/young person) with  
..... (name of carer(s)) at ..... (placement address)

Signature: ..... Name: ..... Date: / /

Signature: ..... Name: ..... Date: / /

### Relative/Friend

*\* Delete as appropriate*

\*I/We agree to look after ..... (\*child/young person) at the placement address for a period not exceeding six weeks, unless subsequently in the process of assessment as foster carer(s) or approved and issued with a foster care agreement between \*myself/ourselves and Devon County Council. \*I/We agree to carry out all the duties specified in the Foster Placement (Children) Regulations, Section 11(4). \*I/We have received written information concerning these regulations. \*I/We also agree to co-operate with all arrangements made by Devon

Signature: ..... Name: ..... Date: / /

Signature: ..... Name: ..... Date: / /

**Social Care Worker/Duty Social Worker\***

*\* Delete as appropriate*

I agree to the above placement plan.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: / /

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: / /

**Practice Manager**

I agree to the above placement plan and I authorise \_\_\_\_\_ (name of carer) to consent to the medical treatment, on the previous page, on behalf of the Director of Social Services.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: / /

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: / /

Date of Review: / / Time: \_\_\_\_\_ Venue: \_\_\_\_\_

**Copies of this form sent to:**

Name: \_\_\_\_\_ Date: / / Initial: \_\_\_\_\_

Name: \_\_\_\_\_ Date: / / Initial: \_\_\_\_\_

Name: \_\_\_\_\_ Date: / / Initial: \_\_\_\_\_

Name: \_\_\_\_\_ Date: / / Initial: \_\_\_\_\_

Name: \_\_\_\_\_ Date: / / Initial: \_\_\_\_\_