**Lancashire County Council – Section 20 Agreement for Parents**

I ............................................................(parent / guardian) who holds parental responsibility agree for my child/ren ………………………………………………………………………..........

To be accommodated by the Lancashire County Council under Section 20 of the Children Act 1989 pending an assessment of the needs of the child and a review of the family is completed.

1. I confirm my consent for my child/ren to access all medical treatment including LAC health assessments and any emergency treatment.
2. I confirm my consent for my child/ren to continue education.

**In providing my consent, it has been explained to me:**
3. I have been advised to seek independent legal advice.
4. I am aware of my right to withdraw my consent to this arrangement, I can say **NO** to this proposal.
5. I have been offered an independent interpreter.
6. I am advised this agreement will be kept under review and specifically be considered by the Independent Reviewing Officer at each Looked After Child Reviews.
7. I will be having contact with my child/children on the following dates…………..

I have been informed of the local authority's concerns and provided with relevant information about the consequences of providing consent or refusal.

I understand this is a voluntary agreement, which has been entered freely and I have the right to withdraw my consent, therefore I can bring this agreement to an end **ANYTIME** I wish to do so.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name Date

 Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name Date

 Social Worker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name Date

 Manager