Please ask for:

Direct Line:

Direct Fax No:

Our Ref: LCC/

Your Ref:

Date:

Dear Doctor,

Your patient has given notice to the Local Authority of their intention to apply to Court to become a Special Guardian, under the Adoption and Children Act 2002. They have been asked to complete a full medical as part of their assessment to become a Special Guardian.

I would be grateful if you could comment on the applicant’s health and their suitability to care for another person’s child.

I enclose a DHA claim form, which I would be grateful if you return, together with your patient’s health declaration form.

The completed Medical information form will be passed to theFostering Medical Adviser to the Fostering Panel. They will be pleased to discuss any medical issues with you.

Once completed, please return to: [Fostering-Admin@leicester.gov.uk](mailto:Fostering-Admin@leicester.gov.uk) or

**Fostering Team, Halford House, 91 Charles Street, Leicester LE1 1HL**

Yours faithfully

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Director of Social Care and Education

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