

	Action/Date
Title/Status-	DOLS Consent Form January 2019
New document or revised	Revised
Date approved SMT	Date Unknown original sign off
Responsible Head of Service	Head of Service SEND & Children with disabilities DBSS HCPC
Date review	May 2020
Date SMT approved.	May 2019

CONSENT TO DEPRIVATION OF LIBERTY AND PLACEMENT

RELATING TO CHILDREN AND YOUNG PERSONS.

REGARDING (insert full name, DOB and address of relevant child.)

1. Consent to Placement

I/We, (insert full name(s) of all adults concerned)..... who have parental responsibility for (insert full names of child)agree to Leicestershire County Council looking afterunder Section 20 Children Act 1989.

2. Details of Placement

I/We, understand thatwill be cared for at: -

(insert full details of placement address, organisation,)

and that the following restrictions amounting to a deprivation of liberty will be in place at least until (insert review date) –

(insert precise details of each restriction.)

I/We, understand the details of the placement and agree to all the restrictions detailed above being placed upon (insert name of child)..... I/We understand that I/we will receive a copy of the Placement Plan forI/We

I/We, confirm that in light of the above I/we make informed consent to the deprivation of liberty, on the basis of the restrictions detailed in this document, of (insert child's full name.....

Signed.....

Full name in capitals.....

Relationship to child.....

Dated.....