

# Placement, Medical and Health Assessment Consent



## Consent to Placement, Medical Treatment and Health Assessment

For guidance on completing this form please use the following link: [How To Guide Accommodating a Child Process - Child's Social Worker](#)

### Children and Young People in Care (Looked After)

Print Name

DOB

NHS

**Is the Child/Young Person accommodated under Section 20?**

Yes

No

**Person who has parental responsibility for the child: - 0**

Name

## Consent to medical treatment

agree to City of York Council arranging the following medical, surgical and dental procedures or treatments for the above child whilst s/he is looked after by them, if the child is not deemed able to give his or her own consent by an appropriately qualified medical practitioner

### Type of treatment

**Consent given for emergency surgical, medical and dental examinations and intervention (including anaesthetics)**

Yes

No

**Consent given for routine medical and dental intervention / treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child / young person (including immunisations)**

Yes

No

**Consent given for routine immunisations deemed by an appropriately qualified medical practitioner to be in the best interest of the child(including immunisations).**

Yes

No

**Consent given for planned surgical intervention / treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child / young person**

 Yes No

**Consent for the child's carers to administer of non prescription over the counter medication subject to the child's consent.**

 Yes No

**I have read the information about consent to medical treatment and agree to its terms. I understand I can contact the social worker at any time with regards to this consent.**

Parent(s) or people with parental responsibility may wish to give their views about any of the above treatments or procedures.

Parent(s) or people with parental responsibility may wish to give their views about any of the above treatments or procedures

Signature of parent/carer 1

Parent(s) or people with parental responsibility may wish to give their views about any of the above treatments or procedures

Signature of parent/carer 2

## Health Assessment and Sharing Health Information

**To be completed by parent / other with parental responsibility.**

**The social worker has given me written information with regard to Statutory Health Assessments.**

 Yes No

**I agree that the Single Assessment can be shared with health professionals completing the Initial or Review Health Assessments.**

 Yes No

**I agree for Statutory Health Assessments (Initial and Review Health Assessments) to be undertaken on my child for the time they are in the care of the Local Authority.**

 Yes No

**I give consent to the health professionals involved in the statutory health assessment to have access to (Child's Name) health history. This includes pre-birth and birth information.**

 Yes No

Name:

ID:

**I give consent to health professionals involved in the statutory health assessment to be able to access my health history. This includes my pre-birth and birth information if consenting as birth mother**

Parent 1	Parent 2

**I have read the information about consent to health assessment and sharing health information. I understand I can contact the social worker at any time with regards to this consent.**

Name

Signature

Date

Name

Signature

Date

**To be completed by the child / young person**

**I agree to have health assessments for the time that I am in the care of the Local Authority**

Yes  No

**I agree to health professionals involved in my care being able to access my health information and history**

Yes  No

Child/Young Person

Date

Signature

**Written Information For Parents**

**Statutory Initial Health Assessment & Review Health Assessment & Sharing Of Health Information For Both The Birth Parent & Child**

All children in local authority care are required to have holistic health assessments.

The Initial Health Assessment should take place within 20 days of the child being placed in care.

This assessment is completed by a paediatrician working with children and young people in Care.

The health assessment is to ensure that your child is fit and healthy whilst in the care of the local authority and that any unmet health needs can be addressed. You will be asked to attend this initial health assessment of your child.

The review health assessment is completed every 6 months for children under 5 years of age. For children over 5 years of age the health assessment is completed once a year. A health visitor, school nurse or Looked After Children's nurse may complete this review health assessment. Again,

Name:

ID:

this assessment ensures that health needs are being met and that your child remains healthy and up to date with any medical care they need, for example immunisations

Following each health assessment a health plan is completed to ensure that the people caring for your child, including the social worker, can ensure that your child remains healthy.

### **Sharing Of Health Information**

It is important to the welfare of your child that health information is accessed and shared as appropriate with regards to your child 's health history and your own health history.

Your social worker will explain to you the need for accessing and sharing the following:

**• Your child's health history including pre-birth & birth information. This information will be used by the paediatrician to inform the Initial Health Assessment and ongoing review and health plan for your child**

**• Your own health history including any mental health issues or learning difficulties. This information will be used by the paediatrician to inform the Initial Health Assessment and on going review and health plan for your child.**

**• Any important health problems within your wider family. This information will be used by the paediatrician to inform the Initial Health Assessment and on going review and health plan for your child.**

Relevant information from your child's health care plan may be shared with professionals working with or caring for your child. Your information will be treated as confidential and only shared when it is important to do so relating to the care and wellbeing of your child.