

|  |   |   |          |
|--|---|---|----------|
| Consent to placement   |   |   |          |
| I/We, who have parental responsibility for   |   | <i>Enter name of child/young person</i> |          |
| Consent to Nottinghamshire County Council looking after my child under S20 (CA89) / S17(6)   |   |   |          |
| Understand that my child is being looked after under Section   |   |   |          |
| <i>Enter relevant legislation</i>  |   |   |          |
| I/We who have parental responsibility understand that I/we will receive a copy of the Placement Plan within  |   |   | (x) days |
| Consent to medical treatment   |   |   |          |
| I/We who have parental consent agree to Nottinghamshire County Council arranging for the following surgical, medical or dental procedures or treatments by an appropriately qualified practitioner for the above named child/young person whilst they are looked after by them if the child/young person is not deemed able to give their own consent. |   |   |          |
| Type of treatment  |   |   |          |
| Consent given for emergency surgical, medical and dental examinations and interventions (including anaesthetics).  |   |   |          |
| Yes  | X | No                                      | X        |
| Name and position of person to whom the authority has delegated the responsibility for giving consent to medical treatment:  |   |   |          |
| <i>Name of delegated authority</i>   |   |   |          |
| <i>Position of delegated authority</i>   |   |   |          |
| 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  | X | No                                      | X        |
| Name and position of person to whom the authority has delegated the responsibility for giving consent to medical treatment:  |   |   |          |
| <i>Name of delegated authority</i>   |   |   |          |
| <i>Position of delegated authority</i>   |   |   |          |
| 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  | X | No                                      | X        |
| Name and position of person to whom the authority has delegated the responsibility for giving consent to medical treatment:  |   |   |          |

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| <i>Name of delegated authority</i>  |   |                                       |   |
| <i>Position of delegated authority</i>  |   |                                       |   |
| Consent given for administration of non-prescription 'over the counter' medication:   |   |                                       |   |
| Yes   | X | No                                    | X |
| Name and position of person to whom the authority has delegated the responsibility for giving consent to medical treatment: |   |                                       |   |
| <i>Name of delegated authority</i>  |   |                                       |   |
| <i>Position of delegated authority</i>  |   |                                       |   |
| The issue of consent to medical treatment has been explained to me:   |   |                                       |   |
| Yes   | X | No                                    | X |
| Parent/carer comments   |   |                                       |   |
| <i>Insert comments here</i>   |   |                                       |   |
| Additional agreements   |   |                                       |   |
| Additional agreement (please specify)   |   | Parental consent                      |   |
| <i>Insert agreement</i>   |   | <i>Insert consent of parent/carer</i> |   |
| <i>Insert agreement</i>   |   | <i>Insert consent of parent/carer</i> |   |
| <i>Insert agreement</i>   |   | <i>Insert consent of parent/carer</i> |   |
| <i>Insert agreement</i>   |   | <i>Insert consent of parent/carer</i> |   |
| Parent/Carer signatures   |   |                                       |   |
| Signature(s) of parent(s) or carer(s), or those with parental responsibility  |   |                                       |   |
| Parent/Carer 1  |   |                                       |   |
| Signature   |   | Name                                  |   |
|   |   | <i>Block capitals please</i>          |   |

|  |                              |
|--|------------------------------|
| Designation  | Date                         |
| <i>Relationship to child/young person</i>  | <i>01/01/2000</i>            |
| Parent/Carer 2   |                              |
| Signature  | Name                         |
|  | <i>Block capitals please</i> |
| Designation  | Date                         |
| <i>Relationship to child/young person</i>  | <i>01/01/2000</i>            |
| Arrangements for delegation and exercise of responsibility for consent to medical and dental examination or treatment. |                              |
| <i>Insert comments</i>   |                              |