CONSENTS AND AGREEMENTS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | **Consent to Medical Treatment** | | | | | | | | | | | | | | | | | |
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| **Parent(s) and people**  **with parental responsibilities**  **should, as far as possible,**  **be consulted at the time that their child needs surgical, medical or dental procedures or treatment. However, it is important that the local authority is in a position to take appropriate medical action if a parent/person with parental responsibility cannot be contacted and/or found. This form allows the local authority to take such action in circumstances agreed by the parent(s)/person(s) with parental responsibilities.** | |  | I/We, who have parental responsibilities for | | | | | ………………………………….. | | | | (child/young person’s name) | | | | | | | |
|  |  |  | | | | | |  | | | | | | | | | |
| agree to | ……………………………………….. | | | | | | The Chief Social Work Officer of The Moray Council consenting to the following surgical, medical, opthalmic | | | | | | | | | |
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| and dental procedures or treatments for the above named child/young person whilst s/he is looked after by | | | | | | | | | | | | | | | | |
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| them, if s/he is not deemed by an appropriately qualified medical practitioner to have capacity to give or withhold his or her own | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| consent. | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | **Yes** | | |  | **No** | | |
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| Emergency surgical, medical and dental examinations and procedures | | | | | | | | | |  |  |  |  |  |  |  |
| (including anaesthetics) | | | | | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | |  |  |  |  |  |  |  |
| Routine medical, dental and opthalmic examinations and procedures deemed by an appropriately qualified medical practitioner to be in the best interests | | | | | | | | | |  |  |  |  |  |  |  |
| of the child/young person | | | | | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | |  |  |  |  |  |  |  |
| Planned surgical procedures deemed by an appropriately qualified | | | | | | | | | |  |  |  |  |  |  |  |
| medical practitioner to be in the best interests of the child/young person | | | | | | | | | |  |  |  |  |  |  |  |
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| Routine immunisations deemed by an appropriately qualified medical | | | | | | | | | |  |  |  |  |  |  |  |
| practitioner to be in the best interests of the child/young person, including immunisations against:- | | | | | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | |  |  |  |  |  |  |  |
|  | | | | Hepatitis B | | | | | |  |  |  |  |  |  |  |
|  | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | Tetanus | | | | | |  |  |  |  |  |  |  |
|  | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | Pneumococcal Disease (PCV) | | | | | |  |  |  |  |  |  |  |
|  | | | |  | | | | | |  |  |  |  |  |  |  |
|  | | | | Diphtheria | | | | | |  |  |  |  |  |  |  |
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|  | | | | Pertussis | | | | | |  |  |  |  |  |  |  |
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|  | | | | Poliomyelitis | | | | | |  |  |  |  |  |  |  |
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|  | | | | Meningitis C | | | | | |  |  |  |  |  |  |  |
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|  | | | | Hib | | | | | |  |  |  |  |  |  |  |
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|  | | | | Measles, Mumps, Rubella (MMR) | | | | | |  |  |  |  |  |  |  |
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|  | | | | Cervical Cancer (HPV) | | | | | |  |  |  |  |  |  |  |
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|  | | | | Tuberculosis (BCG) | | | | | |  |  |  |  |  |  |  |
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| Parent(s) or people with parental responsibilities may wish to give their views about any of the above procedures or treatments. | | | | | | | | | | | | | | | | |
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| **Where more than one person has parental responsibilities, only one consent is legally**  **required. However, it**  **will normally be good**  **practice to seek the views of**  **anyone else with parental**  **responsibilities.** | | The nature of consent to Medical Treatment has been explained to me; | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signature | |  | | | | Name | |  | | | Date | |  | | | |
|  | |  | | | |  | |  | | |  | |  | | | |
| Signature | |  | | | | Name | |  | | | Date | |  | | | |
|  | |  | | | |  | |  | | |  | |  | | | |
|  | | **Looking After Children** | | | PLACEMENT AGREEMENTS | | | | | | | | | | | | | | |

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|  | **AGREEMENTS** | | | | | | | |
| **Agreement of Carers** | | | | | | | |
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| **Approved foster carer(s)**  **of the Local Authority agree to comply with all aspects of agreements made with the Local Authority in terms of Regulation 24 and Schedules 4 and 6, or in an emergency placement made in terms of Regulation 36, all of the Looked After Children (Scotland) Regulations 2009.**  **Approved kinship carers of the local authority agree to comply with all aspects of agreements made with the local authority in terms of Regulation 12 and Schedule 5, or, in an emergency placement made in terms of Regulation 36, all of the Looked After Children (Scotland) Regulations 2009.**  **Relative(s) or friend(s), in the case of placements made by a children’s hearing, agree to look after the child/young person at the placement address and carry out the duties as specified in Regulation 36 as above.** | **42.** | I/We agree to look after………………………….(child/young person’s name) at the placement address and  to comply with all the relevant regulations from the Looked After Children (Scotland) Regulations 2009 or  Residential Establishments Child Care (Scotland) Regulations, 1996. I/We have written information  concerning these regulations. I/We also agree to co-operate with all the arrangements made  by……………………………………………….(local authority), for the above named child/young person. | | | | | | |
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| Name(s) and address | | | | | | |
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|  | | | | | | |
| Position, e.g., foster carer(s)/relative(s)/friend(s)/keyworker/unit manager | | | | | | |
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|  | | | | | | |
|  | | | | | | |
| Signature | |  | | | Date |  |
|  | |  | | |  |  |
| Signature | |  | | | Date |  |
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|  | **Agreement of Child/Young Person** | | | | | | | |
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| **Where the local authority has been asked to provide accommodation under Section 25 of the Children (Scotland) Act 1995, children/young people of sufficient age and understanding need to be party to the agreement, although there is no legal requirement for them to sign it. If the young person concerned is 16 or over and is being accommodated without parental agreement s/he should be encouraged to sign this agreement.**  **Children and young people may wish to record any reservations even if they agree that a period of looking after or accommodation is the only feasible option at present.** | **43.** | I agree to be accommodated by | | |  | (local authority) at the above address | | |
|  |  | | | | | | |
|  |  | | | | | |
| Name |
|  |
|  |  | | | | | |
|  |  | | | | | |
| Signature | |  | | | Date |  |
|  | | | | | | |
| Comments | | | | | | |
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|  | **Looking After Children** | PLACEMENT AGREEMENTS |

**Agreement of parent(s)/ persons with parental responsibilities**

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| **Where the local authority has been asked to provide accommodation under Section 25 of the Children (Scotland) Act 1995, parents/those with parental responsibilities must not object to the child being accommodated although there is no legal obligation for them to sign an agreement. Note: the legal position is a lack of objection to s25 rather than a positive consent. However obtaining consent is good practice where it can be obtained.** | I/We, agree to | | |  | | (child/young person) being accommodated | | |
|  | | |  | |  | | |
| by |  | | | (local authority) at the above address. | | | |
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|  | |  | | | | | |
| Name(s) | |
|  | |
|  | |  | | | | | |
| Signature | |  | | | | Date |  |
|  | |  | | | |  |  |
| Signature | |  | | | | Date |  |
|  |  | | | | | | | |
| **Parents/people with parental responsibilities may wish to record any reservations even if they agree that a period of looking after or accommodation is the only feasible option at present.** | Comments | | | | | | | |
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**Consent to Activities and Day to Day Care:**

The Moray Council, and its partner agencies, recognise the importance of parents’ involvement, as far as is possible, in the life of their child when he/she becomes ‘looked after’. We all have a duty to safeguard and promote the health, welfare, safety and wellbeing of children and young people. In this regard, you are requested to sign the following statements of consent for your child.

I/We who have parental responsibility for …………………………………… (child’s/young person’s name), hereby consent to The Moray Council providing consent, where appropriate, to the following matters:

* Personal grooming (including haircuts) and matters of presentation (including appropriate clothing and dress)
* Personal care and personal hygiene, where appropriate
* Day to day school activities and trips and,

In particular:

* Team sports, athletics, swimming in a public pool or recognised safe beach area, or cycling

If there are any activities in which you do not wish your child to participate, please state here:

…………………………………………………………………………………………………………….

I understand that, in the case of specific activities, such as adventure activities including: camping, hill walking, skiing, boating, etc, my separate consent will be sought. I understand that my child’s social worker will discuss any activities out with the above with me.

Signed: ……………………………………………… (Parent or person with parental responsibilities)

Date: …………………………………………………

**Passports:**

I hereby consent to the Chief Social Work Officer applying for a passport for my child and I also consent to my child going abroad for a short term holiday, provided I am notified in advance:

Signed: ………………………………………………. (Parent or person with parental responsibilities)

Date: ………………………………………………….

The Moray Council and its partner agencies must adhere to the Children (Scotland) Act 1995 in regard to involving parents and carers in decision-making about their child where possible, however, there may be occasions where we have been unable to gain consent but must act immediately. On these occasions, our duty of care is your child’s best interests.

**For completion by Lead Professional:**

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| --- | --- |
| **Name:**  (Please Print) |  |
| **Signature:** |  |
| **Role/designation:** |  |
| **Agency:** |  |
| **Agency Address:** |  |
| **Contact Telephone Number:** |  |
| **Contact Email Address:** |  |
| **Date Report Submitted:** |  |