

Children Looked AfterLOCAL AUTHORITY TO DELEGATE CONSENT

Name of Child/ Young Person: _____

Date of Birth: _____

Information System Number: _____

Legal Status: _____

Placement Address: _____

Name of Current Carer: _____

I (parent or local authority Representative
with parental responsibility) authorise: _____

Who is (status of Person): _____

To give consent for: _____
(name of child/ young person)
in the following areas:

Overnight stays (Up to 3 consecutive nights)	Yes	No
Organised Activities	Yes	No
School day trips	Yes	No
Longer school trips in UK	Yes	No
Longer trips abroad with school	Yes	No
Using computers in school	Yes	No
Change of school	Yes	No
School photographs	Yes	No
School doctor	Yes	No
Permission for school to give Paracetamol, etc	Yes	No
Meeting with school staff	Yes	No
Medical consents (as discussed)	Yes	No
Optician appointments/tests/glasses	Yes	No

Sports or social clubs/organisations	Yes	No
Joining religious organisations	Yes	No
Participating in hazardous activities, e.g. rock climbing, Skiing	Yes	No
Haircuts	Yes	No
Body piercings	Yes	No
Photographs for publicity	Yes	No
Other, please specify	Yes	No
Agreed by parent:	Yes	No

Parents' Signature & Date: _____

Foster Carers'/Residential Provider Signature & Date: _____

Child/ Young Person's Social Worker Signature & Date: _____

Recommended by IRO
Signature: _____

Date of LAC Review Meeting: _____

Authorised by Head of Service/Nominee
Signature: _____

Date: _____

Copies sent to:

School	Yes	No
GP	Yes	No
Parent	Yes	No
Foster Carer	Yes	No
Supervising Social Worker	Yes	No
Child/Young Person	Yes	No

Other, (please specify): _____

