

Consent Form

CONSENT BY BIRTH PARENT OR CHILD/YOUNG PERSON OR AGENCY/OTHER ADULT WITH PARENTAL RESPONSIBILITY/IES FOR OBTAINING AND SHARING OF HEALTH INFORMATION

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BAAF, Saffron House, 6-10 Kirby Street, London EC1N 8TS.

Consent Form

LOOKED AFTER CHILDREN



Consent by birth parent or child/young person or agency/other adult with parental responsibility/ies for obtaining and sharing of health information

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To be signed at the time the child or young person becomes looked after by the local authority, and sent to the agency's Health Adviser.

- Complete a separate consent form for each child in the family
- A single form may be used for the child or young person and one birth parent
- A copy should be attached to Forms M, B, PH, IHA-C, IHA-YP, RHA-C and RHA-YP

To obtain health information relating to a birth parent:

- Each birth parent should sign a separate form for each child becoming looked after
- The birth parent should sign Part B

To obtain health information relating to a child or young person:

- A child or young person able to consent should sign Part C, and parental consent is not needed to access the child's or young person's records
- For a child or young person without capacity to consent, then either:
 - a birth parent with parental responsibility/ies should sign Part B, or
 - another adult, or a person representing an agency, with parental responsibility/ies, should sign Part D

Part A To be completed by the agency - write clearly in black ink

Child or young person (include all known names)

First names

Family name

Date of birth

Hospital (or other location) where born

Agency details

Social Worker
Address

Postcode
Telephone

GP of parent

Name
Address

Postcode
GP of child
Name
Address

Postcode

Form to be returned to the agency Health Adviser

Name
Address

Postcode
Telephone
Email

Fax

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Part B To be completed by the birth parent

The social worker named in Part A has explained to me that the information listed below is very important to the welfare of my child:

- My child's health history including pregnancy and birth information
- My own health information including any mental health or learning problems
- Important health problems within my family

I agree to relevant information being shared with:

- The health professionals looking after my child
- Doctors and nurses advising the agencies involved in my child's care
- The social workers and others planning my child's care
- My child's carers if necessary
- My child at suitable times in the future

If further information is required I give consent for the agency Health Adviser to obtain information from:

- The general practitioners who have cared for me or my child
- Specialists who have cared for me or my child
- My health records and the health records of my child

My consent is given on the understanding that any information will be treated as confidential and only shared when it is important to my child's care or well-being.

I agree that this consent may be used for ongoing and continuing assessment and planning for my child. This consent should be considered valid unless specifically withdrawn at a future date.

Parent's consent regarding his/her own health information

The social worker named in Part A has explained to me that the information listed above is very important to the welfare of my child. I give my consent to access and disclose my personal and family health information as detailed above.

Name (please print and underline family name)

Mother/Father Date of birth

Signature of parent

Date

Parent's consent regarding child's health information

I have parental responsibility/ies and on behalf of my child, I give my consent to access my child's health information as detailed above (not necessary if child/young person able to consent).

Signature of parent

Date

Witness (required for one or both signatures above)

Name (please print)

Address

Signature of witness

Date

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Part C To be completed by the child or young person with capacity to consent

The social worker named in Part A has explained to me that the information listed below is very important to my welfare:

- My complete health history including pre-birth and birth information

I agree to relevant information being shared with:

- The health professionals looking after me and advising the agencies involved in my care
- The social workers and others planning my care
- My carers if necessary

If further information is required I give consent for the agency Health Advisor to obtain information from:

- The general practitioners and specialists who have cared for me
- My health records

Name (please print)

Signature

Date

Name of witness (please print)

Address

Signature of witness

Date

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Part D To be completed by another adult with parental responsibility/ies, or an agency with parental responsibility/ies, where the child or young person does not have the capacity to consent

The social worker named in Part A has explained to me that the information listed below is very important to the welfare of the child or young person:

- His/her complete health history including pre-birth and birth information

I agree to relevant information being shared with:

- The health professionals looking after the child or young person and advising the agencies involved in his/her care
- The social workers and others planning the care of the child or young person
- The child's or young person's carers if necessary

If further information is required I give consent for the agency Health Adviser to obtain information from:

- The general practitioners and specialists who have cared for the child or young person
- Health records of the child or young person

Other adult with parental responsibility/ies

Name (please print)

Address

Postcode

Signature
Relationship

Date

Name of witness (please print)

Address

Signature of witness

Date

Social worker / Agency representative

I am authorised to give consent on behalf of
which has/have parental responsibility/ies for this child.

Name (please print)

Designation

Signature

Date