

Consent Form for Comprehensive Health Assessment for Looked After Children (LAC)

Name of Child: _____ Date of Birth/CHI: _____

Assessment Date: _____

I agree to a Comprehensive Health Assessment and any subsequent Health Reviews being carried out for the above named child.

Yes

No

I agree to any appropriate referrals being made to support the health needs of the above named child.

Yes

No

I agree to the information obtained from the assessment/review being shared with appropriate professionals. This may involve Social Workers, Education and other Health professionals.

Yes

No

Signed: _____

Name: _____

Relationship to Child: _____

Date: _____

Signature of Health/Social Work Professional:

Name: _____

Designation: _____

Date: _____

SIGNED FORM TO BE FILED IN CHILD HEALTH RECORD