|  |  |
| --- | --- |
| **Delegated Authority Decision Support Tool: Medical****Consent/ Agreement/ Task**  | Who has the authority to give consent/ agreement or undertake the task. Please tick |
| **Parent** | **Carer** | **Service Manager/Team Manager/CSW** |
| 1.1 Signed consent to emergency medical treatment (incl. anaesthetic)  |   |  |   |
| 1.2 Consent – routine immunisations  |   |  |   |
| 1.3 Consent for planned medical procedures  |   |  |   |
| 1.4 Medical procedure carried out in the home where the person administering the procedure requires training (e.g. child with disability/illness)  |   |  |   |
| 1.5 Dental – signed consent to dental emergency treatment  |   |  |   |
| 1.6 Dental – routine treatment  |   |  |   |
| 1.7 Dental anaesthesia |   |  |   |
| 1.8 Optician – appointments, glasses  |   |  |   |
| 1.9 Administration of: |   |  |   |
| Prescribed medication |   |  |   |
| Over the counter medications  |   |  |   |
| 1.10 Permission for school to administer: |   |  |   |
| Prescribed medication |   |  |   |
| Over the counter medications  |   |  |   |
| 1.11 Referral/consent for YP to access another service, e.g. CAMHS  |   |   |  |
| 1.12 Consent to manage diet on medical advice and guidance.  |   |   |  |
| 1.13 Agreement to change diet for health or belief reasons. |  |  |  |

**Delegated Authority Decision Support Tool: Education**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Who has the authority to give consent/ agreement or undertake the task. Please tick** |   |   |
| **Consent/agreement/task**  | **Parent** | **Carer** | **CIC Manager/SW** | **Notes (inc. notifications, prior consultation /recording requirement/conditions)**  | **Date**  |
| 2.1 Signed consent for school day trips  |   |   |  | *This can only be completed in consultation with the social worker and the Education Inclusion team* |   |
| 2.2 Signed consents for school trips of up to four days and medical consent where applicable |   |   |  |   |
| 2.3 Signed consents for school trips of over four days and medical consent where applicable  |    |   |  |   |
| 2.4 School trips abroad and medical consent where applicable |   |   |  | *Such as educational psychologist, extra tuition, speech therapy*  |   |
| 2.5 Consent to school activities e.g. Food tasting, face painting |   |  |  |   |   |
| 2.6 Using computers at school  |   |  |  | *Please cover, individual, group/whole school, use in school media/website and promotional material* |   |
| 2.7 School photos  |   |  |  |   |
| Individual |   |  |  |
| Group |   |  |  |
| Media etc |   |  |  |
| 2.8 Attendance at parents' evenings  |   |  |  |  |   |
| 2.9 Attendance at PEP meetings  |   |  |  |  |   |
| 2.10 Attendance at unplanned meetings, re incidents or immediate issues  |   |  |  |  |   |
| 2.11 Registering at a school  |   |  |  |   |   |
| 2.12 Changing a school  |   |  |  |  |   |
| 2.14 Referral consent to another service |   |  |  |  |   |
| 2. 13 Personal health and social education  |   |  |  |   |   |

**Delegated Authority Decision Support Tool: Faith and Religious Observance**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Who has the authority to give consent/ agreement or undertake the task. Please tick** |  |  |
| **Consent/agreement/task**  | **Parent** | **Carer** | **SSC Manager/SW** | **Notes (inc. notifications, prior consultation /recording requirement/conditions)**  | **Date**  |
| 4.1 New or changes in faith, church or religious observance  |   |   |   |  |   |
| 4.2 Attendance at a place of worship  |   |   |   |  |   |

**Delegated Authority Decision Support Tool: Gender/Identity/ heritage**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Who has the authority to give consent/ agreement or undertake the task. Please tick** |  |  |
| **Consent/agreement/task**  | **Parent** | **Carer** | **SSC Manager/SW** | **Notes (inc. notifications, prior consultation /recording requirement/conditions)**  | **Date**  |
| Support for Child/YP regarding their Gender/Identity if needed.  |  |  |  | *Foster carer/social worker in consultation with parent and wider professional network* |   |
| Life Story Work |   |   |   |  |   |

**Delegated Authority Decision Support Tool: Contact**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Who has the authority to give consent/ agreement or undertake the task. Please tick** |  |  |
| **Consent/agreement/task**  | **Parent** | **Carer** | **SSC Manager/SW** | **Notes (inc. notifications, prior consultation /recording requirement/conditions)**  |  |
| 6.1 Transport  |   |   |   |  |   |
| 6.2 Arranging  |   |   |   |  |   |
| 6.3 Facilitation  |   |   |   |   |   |
| 6.4 Formal Supervision of Contact |   |   |   |   |   |

**Delegated Authority Decision Support Tool**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Who has the authority to give consent/ agreement or undertake the task. Please tick** |   |   |
| **Consent/agreement/task**  | **Parent** | **Carer** | **SSC Manager/SW** | **Notes (inc. notifications, prior consultation /recording requirement/conditions)**  | **Date**  |
| 3.1 Passport application  |   |   |   | *Can only be applied for by someone holding PR*  |   |
| 3.2 Overnight with friends ('sleepovers')  |   |   |   | *Please refer to policy* |   |
| 3.3 Holidays within the British Isles  |   |   |   |  |   |
| 3.4 Holidays outside British Isles  |   |   |   |  |   |
| 3.5 Sports/social clubs  |   |   |   |  |   |
| 3.6 More hazardous activities, e.g. horse-riding, skiing, rock climbing  |   |   |   | *Please consider any activities which might be precluded from this agreement and list here* |   |
| 3.7 Haircuts/colouring  |   |   |   |  |   |
| 3.8 Body piercing  |   |   |   | *In English law, it is illegal for under 16s to have their genitals pierced. It is also illegal for females under 16 to have their breasts pierced, although this does not apply to males under 16*  |   |
| 3.9 Tattoos  |   |   |   | *It is illegal to tattoo anyone under the age of 18*  |   |
| 3.10 Mobile phone use: |   |   |   | *Discuss and agree each element* |   |
| Just for calls  |   |   |   | *As per legislation* |   |
| Calls and internet access |   |   |   | *Discuss and agree each element* |   |
| Mobile Phone management of whilst in placement |   |   |   | *Discuss and agree each element*  |   |
|  |  |  |  |  |  |
| 3.12 \*Access to a computer and other multimedia devices: |   |   |   |  |   |
|  \*For educational purposes |   |   |   |   |   |
|  \*For accessing to social networking sites, e.g. Face book, Twitter, MSN  |   |   |   |   |   |
| 3.13 Photos: |   |   |   |   |   |
| General photos to record child’s life during placement |   |   |   |   |   |
| Photos for media activity/ social net working sites |   |   |   |   |   |