

## The Full Picture: A. The Referral Procedure

### Delegation of Medical Consent

Name of Child/YP			
<p>I/ we hold the right to consent to medical or dental examination and treatment for the named child / young person and delegate this to Pear Tree in the circumstances detailed below (please delete as appropriate). I / we give consent for the following treatments to be carried out:</p> <ol style="list-style-type: none"> <li>1. Urgent treatment Treatment recommended by a medical or dental practitioner, which is required to alleviate the child's / young person's pain or distress, e.g accident emergencies, serious illness etc.</li> <li>2. Preventative treatment Routine dental treatment, screening for vision and hearing, required immunisations and / or boosters etc.</li> <li>3. Medical, surgical and dental treatments which do not fall clearly within the above two categories.</li> <li>4. Arrangements for obtaining consent to other treatments will be:</li> <li>5. Permission for my son/daughter to be given first-aid or over the counter medicines such as paracetamol for pain or raised temperature, linctus for coughs and an emollient cream for minor skin irritations.</li> <li>6. Screen for viruses</li> </ol>			
Signed (Parent/Guardian)		Date	
Signed (Social worker)		Date	

### Exclusions to delegation of medical consent

The following examinations and treatments are specifically excluded from the above consent:			
Signed (Parent/Guardian)		Date	
Signed (Social worker)		Date	