

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"> 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. 2. Preventative treatment Routine dental treatment, screening for vision and hearing, required immunisations and / or boosters etc. 3. Medical, surgical and dental treatments which do not fall clearly within the above two categories. 4. Arrangements for obtaining consent to other treatments will be: 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. 6. Screen for viruses. 			
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	