

| Form Details | |
|---|---------------|
| Form Start Date: | Worker Name: |
| Person Details | |
| Name: | CareFirst ID: |
| DoB / EDD: | Gender: |
| Address: | Tel No: |
| Information for Carers | |
| Describe the child/young person, e.g. height, build, hair and eye colour and any specific physical characteristics: | |
| | |
| Child/Young Persons day to day routine including cultural or religious requirements. | |
| | |
| Why is the child/young person being placed with these carers now? | |
| | |
| If this placement is being made because of a previous placement breakdown, give brief details of the reason(s) for the breakdown: | |
| | |
| How long is the placement needed? | |
| | |
| What is the purpose of this placement? | |
| | |
| Does the child/young person display any behaviour which may be of concern to current carers? YES/NO | |
| | |
| If yes, please give details of the behaviour, what triggers it (if known) and how best to deal with it: | |
| | |
| Does the child/young person have any outstanding medical appointments? YES/NO | |
| | |
| If yes, please state the date, time, address, purpose and name and designation of the Health Professional concerned: | |
| | |

A - LAC Carer Information and Consent Form

| | |
|-----------------------------|------------------------------|
| Name: Cuadfeg Yeizob | CareFirst ID: P308115 |
|-----------------------------|------------------------------|

| |
|---|
| Is the child/young person receiving any other treatment(s) or medication for current infection or injury? If so, what dosage, frequency or other instructions apply? |
| |
| Does the child/young person have specific dietary needs or restrictions for health or cultural reasons? YES/NO |
| |
| If yes, please specify: |
| |
| Does the child/young person use any special equipment? YES/NO |
| |
| If yes, please specify the equipment. If it is not with the child/young person, what action will be taken to deliver it to the carer(s)? |
| |
| Does the carer need any specialist training in relation to special equipment? YES/NO |
| |
| If yes, please detail the training required, e.g. instruction from health visitor / hospital nurse: |
| |
| Do any immediate arrangements need to be made to help the child / young person to attend or change school? |
| |
| What immediate arrangements have been made for contact? |
| |
| Has the Court, Children's Hearing or Social Work Services made any order, direction, condition or decision restricting or terminating contact? YES/NO |
| |
| If yes, please give the name(s), address(s) and relationship(s) to the child or the person(s) concerned and outline the order, direction, condition or decision: |
| |
| I have checked this Information Carer Form and accompanying Placement Agreement Form for accuracy and completeness. (If applicable) the following questions have not been fully completed because: |
| |

| |
|--|
| LAC Disability |
| Looked After Child Disability Status: |

A - LAC Carer Information and Consent Form

Name: Cuadfeg Yeizob

CareFirst ID: P308115

Category:

Notes:

Placement Agreement

Agreement of Child/Young Person. I agree to be accommodated by Highland Council.

Name:

Signature:

Date:

Agreement of Parent(s)/Person(s) with Parental Responsibilities.

I have Parental Responsibilities and agree tobeing accommodated by Highland Council:

Name:

Signature:

Date:

GP Name & Contact Details:

Consent to Medical Treatment - Emergency surgical, medical and dental examination and intervention (including anaesthetics). YES/NO

Consent to Medical Treatment - Routine Medical and Dental Intervention/Treatment deemed by an appropriately qualified Medical Practitioner to be in the best interests of the child / young person. YES/NO

Consent to Medical Treatment - Planned surgical intervention / treatment deemed by an appropriately qualified medical practitioner to be in the best interests of the child / young person. YES/NO

Routine immunisation deemed by an appropriately qualified medical practitioner to be in the best interests of the child/young person, including immunisation. YES/NO

Hepatitis B: YES/NO

A - LAC Carer Information and Consent Form

| | |
|--|------------------------------|
| Name: Cuadfeg Yeizob | CareFirst ID: P308115 |
| | |
| Tetanus: YES/NO | |
| | |
| Diphtheria: YES/NO | |
| | |
| Whooping Cough: YES/NO | |
| | |
| Poliomyelitis: YES/NO | |
| | |
| HIB: YES/NO | |
| | |
| MMR (Measles, Mumps, Rubella): YES/NO | |
| | |
| BCG (Tuberculosis): YES/NO | |
| | |
| Parent(s) or people with PPR may wish to give their views about any of the above procedures or treatments. | |
| | |
| Consent to Medical Treatment: | |
| Name: | |
| Signature: | |
| Date: | |
| | |
| Consent to Activities: If there are any activities you do not wish your child to be involved in please state here. | |
| | |
| I understand that in the case of adventure activities, ie Camping, hill walking, skiing, boating etc separate consent will be given. YES/NO | |
| | |

A - LAC Carer Information and Consent Form

Name: Cuadfeg Yeizob

CareFirst ID: P308115

Consent to Activities:

Name:

Signature:

Date:

Carer Agreement

Agreement of Carers:

I agree to look after..... at the Placement Address and to comply with the relevant Regulations from the Looked After Children (Scotland) Regulations 2009 / Residential Establishments Child Care (Scotland) Regulations 1996. I also agree to co-operate with all the arrangements made by The Highland Council for the above named child/young person.

Agreement of Carer:

Name:

Signature:

Date:

Agreement of Child/Young Person:

Name:

Signature:

Date:

A - LAC Carer Information and Consent Form

Name: Cuadfeg Yeizob

CareFirst ID: P308115

Completion

Completed By:

Date:

Worker:

Tel:

Address: