



**LOTHIAN REGIONAL COUNCIL
DEPARTMENT OF SOCIAL WORK**

**PARENTAL CONSENT
TO MEDICAL TREATMENT
AND ACTIVITIES**

Child's Surname MEANEY	Case Number
Forename(s) PETER	D.O.B. 20 3 79

Home Address 15 H DOUGALL COURT MAYKILLO	Name and Address of G.P. NEWBATTLE GROUP PRACTISE MAYFIELD DANKEITH
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A CONSENT TO MEDICAL TREATMENT:

I hereby give my consent to vaccination against Poliomyelitis, Tuberculosis, Diphtheria, Whooping Cough, Tetanus, or any other disease, and to any treatment, injection or operative measures, including the administration of an anaesthetic considered necessary by a registered medical practitioner or dental surgeon, for the time that my child remains in the care of Lothian Regional Council.

I understand that wherever possible I will be consulted about any significant treatment so long as my whereabouts remain known to the Social Work Department.

CONSENT TO ACTIVITIES:

I give my consent to my child being involved in normal sporting, holiday and social activities during his/her stay in the care of Lothian Regional Council.

I also understand that if my child is to participate in any significant holiday, sport, or hazardous activity I will be notified and consulted about this so long as my whereabouts are known to the Social Work Department.

I also understand that sport and activities will be supervised, where appropriate, by a responsible adult.

I have detailed below those activities in which I do not wish my child to participate.

LIST OF ACTIVITIES NOT AGREED TO:

1.
2.
3.
4.

Signed **X** Parent/Guardian Date **20.1.95**
 Signed Witness Date **19.1.95**

B REFUSAL TO CONSENT TO MEDICAL TREATMENT:

I have been asked to give my consent to appropriate treatment for my child during his/her stay in the care of Lothian Regional Council and I have refused to give this consent.

Signed Parent/Guardian Date
 Signed Witness Date

C TO WHOM IT MAY CONCERN

The parents of this child are unable to be found or have refused to sign their consent to any essential medical treatment which the child may require.

* The child is now in the care of the Lothian Regional Council Department of Social Work under Section of the Act 19

OR * The child is subject to a Place of Safety Warrant/Court Order in terms of Section of the Act 19 and is presently being cared for by the Lothian Social Work Department.

Since the Lothian Regional Council does not at this stage hold parental rights in respect of this child I would request medical staff, in consultation with their colleagues, to consider offering any necessary medical or surgical treatment despite the absence of parental consent.

Signature Designation Date

MOORE HOUSE SCHOOL

PARENTAL CONSENT TO MEDICAL TREATMENT

Childs Name ..PETER MEANEY..... D.O.B 20/3/79. SEX.MALE..

Home address .15th DOUGAL COURT.....

.....MAYFIELD DAKETH..... TEL NO.....

GENERAL PRACTITIONER

Name . [REDACTED]

Address NEWBATTLE GROUP PRACTISE.....

... MAYFIELD DAKETH..... TEL. NO. [REDACTED].....

PARENTS

Mother's Name [REDACTED]

Address 15th DOUGAL COURT MAYFIELD.....

..... DAKETH..... TEL. NO.....

Father's Name [REDACTED]

Address [REDACTED]

..... [REDACTED]..... TEL NO.....

CONSENT TO MEDICAL TREATMENT:

I hereby give my consent to vaccination against Poliomyelitis, Tuberculosis, Diphtheria, Whooping Cough, Tetanus, or any other disease, and to any treatment, injection or operative measures, including the administration of an anaesthetic considered necessary by a registered medical practitioner or dental surgeon, for the time that my child remains in the care of Moore House School.

I understand that wherever possible I will be consulted about any significant treatment so long as my whereabouts remain known to the Principal, Moore House School.

Signed [REDACTED]..... Parent/Guardian Date 20/1/95.

Signed [REDACTED]..... Witness Date 20/1/95

I PETER MEANEY feel that I am responsible enough to have possession of my own cigarettes and matches.

I agree to smoke only in the lounge at appropriate times and understand that it is also my responsibility to ensure that no one smokes in banned areas. I agree not to share my cigarettes or give cigarettes to anyone who is not allowed to smoke.

I accept the above conditions and I am aware that any breach of these rules could result in Moore House School becoming a non-smoking school and I promise to act responsibly at all times.

Signed

Peter Meaney

Date

20/1/95.

I

[REDACTED] give permission for PETER MEANEY to smoke in Moore House School, and agree to the above conditions.

Signed

[REDACTED] (Parent/Guardian)

Date

20/1/95.