**Parental Consent for care intervention training for carers.**

**Incorrect paperwork or missing information will result in the form being rejected. Please complete all of page 1 and submit.**

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| **NAME AND JOB TITLE OF PERSON SENDING THE LETTER** |
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| 1. Child’s Name: |
| Childs Date of Birth: |
| Setting for the training to be delivered e.g. home, school etc: |

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| 2. Name, contact number of person(s) to be trained and confirmation of Enhanced DBS by the Service Manager. |
| Name: ………………………………. DBS: Yes/No CPR: Yes/No M and H: Yes/No  Name: …………………. …………... DBS: Yes/No CPR: Yes/No M and H: Yes/No  Name: ………………………………. DBS: Yes/No CPR: Yes/No M and H: Yes/No |

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| 3. Name, address and telephone number of child’s GP |
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| 4. Name, address and telephone number of child’s Consultant |
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| 5. Name, address and telephone number of child’s Specialist Nurse (If applicable) |
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| 6. Intervention(s) required (only ones written onto the form will be delivered) |
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| 7. Parental consent. |
| **I/We agree to a member of the nursing team to see …child name… in order to assess what training is required to deliver his/her care interventions. These interventions will be delivered by the people named above.**  **I/We agree that my child will participate in all training sessions with the identified carers. Training will consist of 1:1 supervision of the carer and assessment of skills, and follow LCH policy and guidelines meeting agreed care plan requirements.**  **I/We agree to be contactable on the agreed training dates to update the trainer on any issues pertinent to …childs name………. Care and give consent for training to occur as planned.**  **Signed………………………………………..Signed…………………………….….Date………………**  **Provide copy of consent to parents. Copy to be sent to Nursing team. Copy kept in school records.** |

**ON COMPLETION OF TRAINING**

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| 8. Name, professional title, address and telephone number of professional who has trained the nominated person(s) |
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| 9.Intervention(s) |
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| 11. Carer(s) confirmation | | | |
| Name.. | I confirm that I have received training for the above interventions and have been assessed today. | Signature | Date |
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| 11. Trainers Confirmation | | | |
| I confirm that… carers name.. has completed the required training for the above interventions and has been assessed today as competent to undertake this role | Signature | Date |  |
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| 12.This training must be updated on a yearly basis |
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| Copy of this form to go to parents/ school retain/ carer.  It is the responsibility of parents to ensure that any changes in medical care/nursing interventions are immediately made known to the nursing team/ education. |