**Please ask for**:

**Direct dial:**

**Fax:**

**Email:**

**Our Ref:**

**Date**:

**Section 20 Agreement**

1. I [complete name] ………………………………/we [complete names] …………………………….. agree for my/our child/ren [complete full name and DOB of each child]……………………………………………………………… to be accommodated by Leicester City Council’s Children, Young People and Families Service.
2. Section 20 of the Children’s Act 1989 has been explained fully to me/us. I/we are aware that this is a voluntary agreement for my/our child/ren to be accommodated by Leicester City Council’s Children, Young People and Families Service.
3. I/we agree for ……………………………………………………………………………….. to receive any routine or urgent medical treatment, including immunisations and vaccinations whilst in the care of the Local Authority subject to the Local Authority giving us advance notice of any proposed treatment and the opportunity to be present wherever practicable.
4. I/we agree for the Local Authority to carry out an initial health assessment which looks at height/weight and the child’s health and development needs and understand I/we can be present during this assessment.
5. The arrangements for my/our contact with the child/ren are agreed as follows:

[include frequency of contact/duration of contact/location of contact/supervised or unsupervised and by who].

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

1. I/we have been informed of our right to seek legal advice in relation to my child/ren being accommodated by Leicester City Council’s Children, Young People and Families Service.
2. I/we have been informed of my/our right to remove my/our child/ren from the care of the Local Authority at any time.
3. [This document has been read to me in my first language of ………………………….by an interpreter]

Name………………………………….…………………….Signature………………………………………

Relationship to child/ren ………….………………………….………….

Date and time …………………………………………………………….

Place of signature ………………………………………………………..

Name………………………………….…………………….Signature ……………………………………...

Relationship to child/ren ………….………………………….………….

Date and time …………………………………………………………….

Place of signature ………………………………………………………..

Name of professional ………….……………….………….……………..

Status ………………………………………………………………………

Date and time …………………………………..…………………………

Place of signature …………………………………………………..