**North Somerset Council**

**Mockingbird Constellation Delegated Authority**

As part of the Mockingbird Programme, it is a requirement that delegated authority that is deputised to the child’s Foster Carer is shared with the Mockingbird Hub Home Carer for when the child or young person is in the care of the Hub Home Carers. This includes emergency medical procedures. As per North Somerset Delegated Authority Policy, the allocated Social Worker should be informed at the earliest possibly opportunity, including the parents where applicable.

|  |  |  |
| --- | --- | --- |
| **Child / Young person (s):** |  | |
| **Date of Birth (s):** |  | |
| **Legal Care Status / Care Plan:** |  | |
| **Medical Needs** |  | |
| (Medication, Diagnosis, Allergies) |  | |
| **Foster Carer:** |  | |
| **Placement Address:** |  | |
| **Parents Name:** |  | |
| **Parents Address and Number:** |  | |
| **Family Time Arrangements** |  | |
| **Mockingbird Hub Home Carer:** |  | |
| **Social Worker:** |  | |
| **Name of Childs School:** |  | |
| **Name of Childs Doctor Surgery:** |  | |
| **Name of Childs Dentist:** |  | |
| Foster Carer: | | Date: |
| Social Worker: | | Date: |
| Hub Home Carer: | | Date: |
| Parent(if applicable): | | Date: |

**Interests / Activities**

**Things that can upset me**

**All my Favourites**

**Keeping myself clean**

**Culture / celebrations**

**Things I don’t like**

**Things I can’t do**

**Food and Drink**

**All About Me**