



SURVEILLANCE

Guide to Children's Homes Regulations 2015 (Regulation 24)

Name of Child: _____

If your Son/ Daughter has Epilepsy

Permission for a listening monitor to be used in their bedroom at night.

Yes	No
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During the night, if your Son/Daughter has their bedroom door shut, door alarms will be used to enable night staff to hear when a bedroom door is opened. This is for the safety of all the children in the unit. We require your permission to enable us to do this.

Permission for the bedroom door alarm to be used.

Yes	No
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Name of Parent/Carer _____

Signature of Parent/Carer _____

Date _____

We are aware of the surveillance requirements (Door alarms and Baby Monitors) at Breakaway and consent to their use for this child as agreed by the parent above.

Sign:

Name: Nikki Donegan

Designation: Team Manager (CWD Team) Placing Authority