



# Medical Risk Assessment Statement

Please complete the details below:

## EMERGENCY CONTACT DETAILS

**Name of Pupil** \_\_\_\_\_ **Year Group** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Telephone**

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Daytime/Work: \_\_\_\_\_

## MEDICAL DECLARATION

My child has the following medical condition: \_\_\_\_\_

The academy is aware of this condition and I have completed the necessary care plan and medication forms required.  Please Tick if Appropriate

I am aware and accept that this is not an accompanied bus service and there may be medical risks associated with my child travelling on home to school transport alone.

I understand that the driver will **NOT** be able to administer any medication or first aid and that in the event of an emergency, suitable medical professionals will be called.

In the event of an emergency I consent to intervention by a medically qualified practitioner to administer any necessary treatment to my child.

Signed: ..... Print: ..... Date: .....

## DATA PROTECTION ACT

The information you give on this form will be used for the purposes of providing appropriate transport for your child. It will be held on computer and is protected by the Data Protection Act. This information may be shared with contracted service providers, strictly on a need to know basis to ensure safety can be maintained.

I agree that this information may be shared in accordance with the Data Protection Act 2018.

Signed: ..... Print: ..... Date: .....