



## Parental Consent Form (use of crutches)

Pupil Name..... Year: .....

### Please read and tick the following consent form:

- I confirm that the health care professional treating my son/daughter has advised for him/her to use crutches and he/she has been instructed on the correct use of crutches.
- I have attached a letter (or email) to the school nurse informing her of the nature of the injuries sustained and my son/daughters treatment plan.
- I understand that a risk assessment will be completed by the school.
- I understand that all relevant staff will be made aware that my son/daughter is on crutches.
- I understand that wherever possible the school will make reasonable adjustments, on an individual basis, to ensure lessons are moved to the ground floor, but that this cannot be guaranteed due to some facilities such as the school library being located on the first floor.
- I acknowledge that for various reasons the risks to my child are greater than normal, these risks include potential accidents on stairs and a slower evacuation in the case of a fire. I understand and accept these risks and I understand my son/daughter may be assisted on the stairs in case of an emergency.
- I understand that staff will agree to release my son/daughter five minutes earlier than normal to avoid busy change-over periods and that a companion student will accompany my child to help with doors, bags, etc. During unstructured time such as lunchtime it is advised that student remains with a companion.
- I am aware that the school will not accept responsibility for injury resulting from the increased risks (accepted by parents) except in the case of negligence.

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

Print name: .....

Relationship to pupil: .....