

Annex 6

USE OF CRUTCHES IN SCHOOL CONSENT FORM

Student Name:	
Parent/Carer Name:	Contact number:

	Please circle response	
I confirm that the hospital treating my son/daughter has given permission for him/her to use crutches in school including stairs	Yes	No
I understand that in the interests of Health and Safety, the School recommends that students using crutches should not use stairways in the School.	Yes	No
I agree to my son/daughter participating in lessons in all areas of the school including those upstairs	Yes	No
I understand and accept the risks which include: <ul style="list-style-type: none"> ○ potential accidents on stairs ○ slower evacuation in case of fire. 	Yes	No
I understand that all staff will be made aware that my son/daughter is on crutches	Yes	No
I understand my son/daughter will be given instructions on the use of stairs	Yes	No
I understand that staff will agree to release my son/daughter from class 5 minutes earlier or later to avoid change-over periods and, that a companion student will accompany my child to help with doors, bags etc.	Yes	No

CONSENT

I am aware that the school will not accept responsibility for injury resulting from the increased risks (outlined above and accepted by parents) except in the case of negligence or breach of statutory rights by the school.

Name of Parent/Carer	
Signature	
Date	