**Assisted Home to School / College Travel: Essential Information**

This information will be kept by the adults supervising your child whilst travelling. It is needed to keep your child safe. If you have any queries, please contact the transport commissioning team at [transport.request@lbbd.gov.uk](https://lbbd-my.sharepoint.com/personal/zsherritt_lbbd_gov_uk/Documents/Desktop/transport.request%40lbbd.gov.uk)

**\*\*All sections with an \* needs to be completed fully\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name\* |  | DOB\* |  |
| Home Address\* |  |
| School Attending\* |  |

**Parent/Emergency contact details**

|  |  |  |
| --- | --- | --- |
|  |  | Emergency contact\* |
| Name\* |  |  |
| Relationship to pupil\* |  |  |
| Mobile phone number\* |  |  |
| Other phone number\* |  |  |
| E-Mail address\* |  |  |

**Essential Information**

|  |
| --- |
| GP Contact Details |
| Name\* |  |
| Address\* |  |
| Phone number\* |  |

**Medical conditions: Does your child suffer from any condition where medication is required? Please list all conditions and medications, this will NOT be administered on the bus, but this information may need to be shared with Paramedics if required. Failing to list all medication could result in transport being withdrawn.**

|  |  |  |
| --- | --- | --- |
| **Condition**  | **YES/NO\*** | **Medication required, including times due\*** |
| Epilepsy\* |  |  |
| Asthma\* |  |  |
| Diabetes\* |  |  |
| Anaphylaxis\* |  |  |
| Other disabilities\*Please provide details: |  |  |
| Does your child suffer from any condition for which a health care plan will be needed? If so, a copy of the health care plan is to be provided and signed off by a suitable health professional. \* | Yes | No |

|  |  |
| --- | --- |
| **Allergies\*** | Does Your child have any allergies if so, please list? |

**Calming approach whilst travelling**

|  |  |
| --- | --- |
| How would you keep your child calm when they are upset?Please provide all strategies that help to keep your child calm during the journey?These will include any items that can be used on the Bus or Taxi. |  |

|  |  |
| --- | --- |
| Any additional information you may feel is useful:  |  |

**Declaration**

I declare that to the best of my knowledge the information I have given is correct and complete. I will inform the Transport Commissioning team if, any details I have given change. I understand that failure to notify you of **ANY** changes may result in transport being suspended or withdrawn. I agree that the information I have given may be shared with the Transport Provider working for and on behalf of LBBD.

**\*\*Please check the form fully before sending, if there is any information missing the form will not be accepted\*\***

Parent Name……………………………..………………… Date………………………………………