

# Thurrock Council home to school travel support – medical assessment

To be completed by the parent or carer.

## How we will use your information

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to [thurrock.gov.uk/privacy](http://thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs.

## Parent or carer consent request to be given to the medical professional

Dear sir/madam,

**Re: Request to disclose medical information in respect of:**

<b>Name of parent or carer</b>	
<b>Name of child or children</b>	

I consent to Thurrock Council contacting my, or my child's, medical consultant or practitioner to request up-to-date medical information in relation to my current application for my child's transport to school.

I consent to the medical information being disclosed to Thurrock Council with respect to the impact of my, or my child's, medical condition regarding my current application for my child's transport to school.

<b>Signature of parent or carer</b>	
<b>Date</b>	

Please return to: **Education Awards and Benefits, Thurrock Council,  
Civic Offices, New Road, Grays, RM17 6SL**

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## Patient details

<b>Patient's name</b>	
<b>Patient's date of birth</b> (dd/mm/yyyy)	
<b>Patient's address, including postcode</b>	
<b>Patient's diagnosis</b>	

State below how this diagnosis affects the patient – give specific details in relation to the transport application, including the safety of child and other passengers, clinical needs and procedures, medication, challenging behaviour, anxiety, mobility and the child's level of understanding.

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## Medical professional details

<b>Medication professional's name</b>	
<b>Designation</b>	
<b>Address, including postcode</b>	

I, the medical professional named above, am fully aware of the medical history of the patient named above and I can confirm the diagnosis stated above.

## Declaration

I am aware the patient has submitted an application for children's transport to Thurrock Council. I understand my professional opinion will be used by Thurrock Council alongside other information to determine whether the patient / or the patient's child is eligible for children's transport

I appreciate the council must use public resources judiciously and I am of the view that transport should be awarded in consideration of the medical condition described above.

<b>Signature of medical professional</b>	
<b>Date</b>	

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