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Individual Pupil Risk Assessment

Form

Name: ..... Date of Birth: .....

Address: .....
.....
.....
.....
Postcode: .....

Next of Kin: ..... Emergency Contact No: .....

Fully ambulant ☐ Partially ambulant ☐ Non Ambulant ☐

Medical Info (include any current medication)

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.....
.....
.....
.....
.....
.....
..... Dated: .....

List and sensory impairment: .....

List any known allergies: .....

Capable of Independent Travel: Yes ☐ No ☐

Able to swim 50 metres: Yes ☐ No ☐

Behavioural Issues: (include brief notes re behaviour plans) .....
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.....
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Date last amended/reviewed: .....