

Risk Assessment Request Form for Parents

Contact Details of parent:

Name

Address

Post Code

E-mail

Telephone

Details of Learner(s):

Name of child

Age

School attended

Secondary/ Primary learner

Where do you require a walked route risk assessment?

Please provide the following details:

Location of the route:

Distance child must walk:

Any other comments:

Have you requested a Risk Assessment of the walked route prior to this one?

Yes

No

If so, please provide details below:

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What category does the danger fall into? Please tick the one(s) that apply to this walked route:

 Physical Environmental Geographic/
Topographic Social Other

What do you think are the risks to your child? Please tick the boxes provided:

 Accidents New School Closure of
schools Infrastructure changes
e.g road layout Traffic volume Dangerous
animals Construction
work Dangerous people e.g
drug users/ alcoholics

Comments:

Were you previously consulted on the safety of this walked route?

 Yes No

If so, how:

Please specify when you would like the Risk Assessment to take place?

Would you like to receive a copy of the Risk Assessment?

 Yes No

If so, please specify how you would like us to contact you: