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**ADDRESS SENDING FROM**
**ADDRESS SENDING TO**

**Date**

**To Whom It May Concern,**

**Re: Blue Badge Application for [Child’s Full Name], [Date of Birth],** of **[Address]**

I am writing to provide evidence to support the Blue Badge application for [Child/Young Person’s Name], who is under my care at [hospital/ department]. [Child/Young Person’s Name] is [Age] years old and has significant mobility challenges that meet the eligibility criteria for a Blue Badge.

**Nature of the Condition**

[Child/Young Person’s Name] has been diagnosed with [diagnosed condition], which results in [briefly describe challenges, e.g., reduced mobility, pain, or reliance on mobility aids]. This condition substantially limits their ability to walk, access public spaces, and carry out daily activities without significant assistance. Additionally, [Child/Young Person’s Name] requires 24-hour supervision to ensure the safety of their airway and to manage their complex medical needs.

**Impact on Mobility**

[Child/Young Person’s Name] experiences:

* [List specific issues, e.g., inability to walk long distances, breathlessness, severe pain, or difficulty maintaining balance.]
* The need to carry essential, heavy, and bulky medical equipment at all times, including: [Editable Section: Specify equipment required, e.g., portable ventilator, suction unit, Ambu bag, spare tubing, suction catheters, feeding equipment, oxygen, etc.]

The management of this critical equipment significantly reduces their mobility and makes public transport impractical, as it requires secure and immediate access. These challenges mean that [Child/Young Person’s Name] cannot walk more than [distance, if known, e.g., 50 metres] without experiencing [e.g., severe discomfort, fatigue, or medical complications].

**Additional Considerations**

In addition to mobility challenges, [Child/Young Person’s Name] relies on their family and caregivers to transport them safely to medical appointments, therapies, and essential activities. A Blue Badge would enable their family to park closer to facilities, reducing the physical and logistical strain of managing [Child/Young Person’s Name]’s care and equipment while ensuring their safety.

**Supporting Evidence**

To support this application, I have attached the following documents:

 1.Medical report/letter from [Consultant/GP].

 2.[Any other relevant evidence, e.g., therapy reports, assessments, or care plans.]

I strongly recommend that [Child/Young Person’s Name] be granted a Blue Badge to improve their access to essential services and support their participation in daily life.

If further information is required, please do not hesitate to contact me at [Your Contact Information].

Yours faithfully,
[Signatory/Signatories]