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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 under 3 years old and has a medical condition that meets the eligibility criteria for a Blue Badge.

**Nature of the Condition**

[Child/Young Person’s Name] has been diagnosed with [diagnosed condition], which requires constant medical management and poses significant challenges to their mobility and safety of their airway. Additionally, [Child/Young Person’s Name] requires 24-hour supervision to ensure their safety and to manage their complex medical needs.

Due to the nature of their condition:

* They must always be accompanied by heavy and bulky medical equipment which could weigh between 5-40 kg, including:
* [Editable Section: Specify equipment required, e.g., portable ventilator, suction unit, Ambu bag, spare tubing, suction catheters, feeding equipment, oxygen, etc.]
* They must always remain close to a vehicle to ensure immediate access to emergency medical treatment if needed.

**Impact on Mobility and Safety**

Given the need to manage essential medical equipment and the constant possibility of requiring emergency medical intervention, [Child/Young Person’s Name]:

* Cannot safely access public spaces without a vehicle parked nearby.
* Experiences logistical and safety challenges that make the use of public transport impractical.

These circumstances mean that a Blue Badge is critical to ensuring [Child/Young Person’s Name]’s safety and enabling their family and caregivers to transport them securely to medical appointments, therapies, and other essential activities.

**Additional Considerations**

The ability to park close to facilities would allow [Child/Young Person’s Name]’s caregivers to manage their condition more effectively, reducing the risks associated with navigating long distances while handling medical equipment or responding to emergencies.

**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., care plans, assessments, or therapy reports.]

I strongly recommend that [Child/Young Person’s Name] be granted a Blue Badge to ensure their safety and access to essential services.

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

Yours faithfully,  
[Signatory/Signatories]