

Parental Consent Form (return to form teacher) Work experience placement 25th -29th March 2019

Student Details

Mr Miss (please circle) Form: _____ Date of Birth: _____

First name: _____ Surname: _____

Address: _____

Postcode: _____ Phone: _____

Student Declaration

I agree to take part in this work experience programme. I also understand that I will be briefed about what employers expect during the work experience, and that I will have the opportunity to raise any concerns or questions I may have prior to undertaking the work experience. I agree to sign a formal agreement regarding health and safety and codes of conduct before I can participate in work experience.

Signed: _____ Date: _____

Parent/Guardian Declaration (please delete as applicable)

As parent(s)/guardian(s) of the student named above, I/We confirm that I/We have read and understood this form and any other accompanying documents and I/We agree to him/her taking part in work experience and undertake that he/she will observe the conditions as set out.

In the interests of my son/daughter, I confirm that: **(PLEASE SELECT ONE STATEMENT)**

- (I) He/She does not have any medical condition that could result in an unnecessary risk to his/her health or safety, or to the health and safety of another person. (If in doubt, please contact the school)
- (II) He/she does have the following medical condition which should be advised to the employer (please give details).....

Signed (Parent/Guardian): _____ Date _____