WORK EXPERIENCE PLACEMENT PARENT/GUARDIAN CONSENT

STUDENT DETAILS

School name:

Year: Tutor Group:

WEX Dates: to

Student Name: DOB:

Gender: Male | Female | Prefer not to say

Declaration

- As parent/guardian of the student I confirm that I have read the placement details and I am willing for him/her/them to participate in work experience with the employer for the agreed period of time.
- I also confirm that to the best of my knowledge, is medically fit to successfully carry out the work placement as detailed. And s/he/they does not suffer from any medical condition which could result in unnecessary risk to his/her health and safety, and/or that of the other people (if in doubt please contact the teacher prior to signing this form).
- I am willing to produce this certificate for school (or H&S inspector) checks
- I confirm that if he/she/they leaves the employer's premises during lunch break periods, no liability can be accepted by the employer or the School for any incident that may occur.

Signed: Relationship to student:

Name Printed: Date:

EMERGENCY CONTACT DETAILS

First Contact

Name:

Address:

Tel:

Second Contact

Name:

Address:

Tel:

Continue >

WORK EXPERIENCE PLACEMENT MEDICAL CONSENT FORM

To be completed by Parent/Carer

Student Name: Year:

Placement:

Does your young person have any condition that requires medical treatment/ medication? If yes, please provide detail (of the condition and the medication required)	Yes	No
Does your young person require to carry any medication with him/her during her placement i.e. inhaler, epi-pen If yes please provide details below	Yes	No
Is your young person allergic to any medication? If yes, please provide details	Yes	No
Is your young person allergic to any foods? If yes, please provide details	Yes	No
Does your young person have any special dietary requirements? If yes please provide details	Yes	No

Please provide details of your young person's GP

EMERGENCY CONTACT DETAILS

First Contact	Second Contact
Name:	Name:
Address:	Address:
Tel:	Tel: