

**WORK EXPERIENCE 2022**  
**MEDICAL DETAILS AND PLACEMENT CONSENT FORM**

To help us make sure that students Work Experience placements are suitable, please provide us with the following information.

**Student's name-**

Does your son/daughter have any of the following?	Yes	No
allergies/skin conditions - if yes, please give details below	<input type="checkbox"/>	<input type="checkbox"/>
conditions affecting mobility or the use of arms or legs	<input type="checkbox"/>	<input type="checkbox"/>
asthma	<input type="checkbox"/>	<input type="checkbox"/>
diabetes	<input type="checkbox"/>	<input type="checkbox"/>
epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
impaired colour vision	<input type="checkbox"/>	<input type="checkbox"/>
impaired eyesight (if not rectified by use of glasses)	<input type="checkbox"/>	<input type="checkbox"/>
impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT:** Additional information from parents: (including any other medical condition, medication, additional needs – continue on separate page if required)

I consent to my son/daughter: \_\_\_\_\_ taking part in the Work Experience Programme and confirm that I have read all the information about Work Experience and I agree that he/she should observe the conditions set out by the school and will encourage him/her to do so. I also agree that data will be shared with the Work Experience placement as outlined in the 'Information for Parents' letter.

Signed \_\_\_\_\_ (Parent/Carer)

Signed \_\_\_\_\_ (Student)

Date \_\_\_\_\_