

WORK EXPERIENCE 2025
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 NAME _____ **FORM** _____

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 _____

Please return this form to Mrs Newton in the school library ASAP.

b.newton@bishopchalloner.bham.sch.uk