

Queen Elizabeth High School

Work Experience Parental Consent Form

Your son/daughter will be undertaking work experience from (Company Name)

We require your consent for them to participate. Please return this consent form to reception by

Friday 14th February

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|----------------------------|---------------------|----------------------|--------------------|
| Name of Pupil: | | | |
| DOB: | | | |
| | | | |
| Emergency Contact 1 | Relationship | Mobile Number | Home Number |
| | | | |
| Emergency Contact 2 | Relationship | Mobile Number | Home Number |
| | | | |

Declaration

I am willing for my son/daughter _____ to participate in work experience.

This may involve travelling to and from the venue, working off site and visiting various places of which I give permission for my son/daughter to take part. I understand that it is a condition that my son/daughter will not be paid.

Health Declaration

Please state below if there are any medical/health conditions that you need to make us aware of prior to your son/daughters work experience. Please be aware that it is essential that you make the employer aware of any information they may need in relation to conditions of conditions which may affect you son/daughter whilst on work experience. Please email this information to lisadenton@tcat.school

Parent/Career Signature: _

Relationship to Pupil: _

Date:

Relevant Medical Information
