

Year 10 Work Experience Emergency Contact Form

Please fully complete this Emergency Contact form and take it with you to your Work Experience placement on Monday 11th July. It is highly important your employer receives this information before you begin your work placement.

**[PLEASE COMPLETE USING BLOCK CAPITALS]**

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| --- | --- |
| **Student Full Name** |  |
| **Tutor Group** |  |
| **Relevant Medical Conditions-**  **Dietary Requirements-** |  |
| **Medication Student Uses** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Number** |  |
| **Parental/Carer Signature** |  |
| **School Number and Contacts** | **William Perkin Main line- 0208 832 8950**  **HOY 10- Mr J Chugg**  **Work Experience Programme - Mary Finucane** |

In the unlikely event, that your son/daughter is involved in an accident or injury whilst on their Work Experience placement the school cannot be held responsible and is unable to accept liability.

It is the responsibility of the student to carry any relevant medication with them at all times throughout their Work Experience week, including Epi-Pens, asthma pumps and any appropriate prescribed medication.

I understand that my son/daughter is to undertake their Work Experience placement during Year 10.

**I understand that this placement is entirely at my own risk and I absolve William Perkin and any employees of William Perkin of any responsibility in this matter.**

It is my responsibility to organise and carry out the necessary health and safety checks of the placement, including ensuring that all necessary insurance cover is in place.

Name of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**This form MUST be completed and handed in to your employer on Monday 11th July 2022**