



William Perkin
C of E
High School

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 6th July '26. It is highly important your employer receive this information before you begin your work placement.

(PLEASE COMPLETE USING BLOCK CAPITALS)

Student full name	
Tutor group	
Relevant Medical conditions – Dietary Requirements	
Medication student Uses	
Emergency Contact Name	
Emergency Contact number	
Parent/Carer signature	
School Number and Contacts	William Perkin CofE High School Oldfield Lane North Greenford Middlesex UB6 8PR Tel: +44 (0) 20 8832 8950 Option 4 HOY 10 – Mr J Chugg Work Experience Administrator – Ms S Dhimer

In the unlikely event, that your son/daughter is involved in an accident or injury 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 relevant medication with them at all times throughout their Work Experience week, including Epi-Pens, asthma pumps and any appropriate prescribed medication.

<p>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 responsibilities 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.</p> <p>Name of Parent _____</p> <p>Signed _____</p> <p>Date _____</p>
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This form MUST be completed and handed in to your employer on Monday 6th July 2025

Executive Headteacher
Dame Alice Hudson

Associate Headteacher
Ms Amy Newman

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