

Work Experience 2017-18

Huish Episcopi Academy

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Principal: Mr Chris Wade



PARENTAL CONSENT / MEDICAL FORM

STUDENT NAME:	
TUTOR GROUP:	

To help ensure that your child's work experience placement is as successful as possible, please provide the following information about your child. If your child has any additional needs, medical or otherwise and/or barriers to learning, these will affect the providers risk assessment for you child. The results of risk assessments and any control measures should be communicated to you, either in writing or verbally, via your child after a pre-placement meeting with the employer.

Please circle whether any of the following applies to your child:			Please give details of any medication, additional assistance, equipment, or facilities needed by your child:
PHYSICAL DISABILITIES e.g. Mobility, visual, cardiovascular	Yes	No	
LEARNING DIFFICULTIES	Yes	No	
ALLERGIES	Yes	No	
REGULAR MEDICATION	Yes	No	
DIABETES	Yes	No	
ASTHMA	Yes	No	
EPILEPSY	Yes	No	

Please provide details of any other advice given by your child's doctor or other specialist which may be of help to the employer in providing a safe placement:

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My child's TETANUS protection is up to date:

Yes	No
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Students who will come into contact with animals should follow good personal hygiene rules, particularly before eating and drinking.

I understand that the information above will be communicated by the school to the employer that offers my child a placement, to enable the risk assessment to be suitable and sufficient. If there are any significant changes between now and the placement taking place, I will inform the school. I agree to my child taking part in **Huish Episcopi Academy's** Work Related Learning program.

Signature of Parent/Carer:

Date: