



BRINE LEAS SCHOOL – FORM C



Parent/Guardian Consent for Work Experience

Please ensure that you return this form to Brine Leas School along with the Work Experience Self-Placement Form.

Unfortunately without this form being completed we cannot allow your child to take part Work Experience.

Thank you

Department/Subject: Careers Group Leaders: Miss J Morrison / Mrs I Cundy
Work Experience Placement:
Start Date: Monday 16th October, 2017 End Date: Friday 20th October, 2017

STUDENT DETAILS
Student's Name:
Progress Group: Date of Birth:

Declaration:
In the event of a medical emergency I agree to my child receiving medication as instructed and any of the following as considered necessary by the medical authorities present (please delete as appropriate):
Medical Treatment, Emergency Dental Treatment, Surgical Treatment, Anaesthetic, Blood Transfusion
I understand the extent and the limitations of the insurance cover provided
I understand what is involved in the Work Experience placement and I agree to my child's participation
I acknowledge the need for my child to behave responsibly throughout the week
As part of the activities we may take photographs or video footage to use in printed publications, publicity or promotional material, including the local press. Please tick if you do NOT give your consent.
Signed: Relationship to Child: Date:
Print Full Name (in capitals please):

CONTACT DETAILS
Parent/Guardian contact details:
Name: Relationship to Child:
Home Address:
Home Tel no: Mobile Tel No: Work Tel No:
Email address:
Alternative Emergency Contact Details:
Name: Relationship to Child:
Home Tel No: Mobile Tel No: Work Tel No:

PLEASE TURN OVER

MEDICAL INFORMATION ABOUT YOUR CHILD

1. Does your child have any conditions which require medical treatment, including regular medication? **YES/NO**
If yes, please provide details:

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2. Please provide details if your child has any food or other allergies:

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3. Has your child suffered any recent illness or had an accident that Brine Leas or the Employer need to be made aware of? **YES/NO**
If yes, please provide details:

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4. Is your child allergic to any specific medication? **YES/NO**
If yes, please provide details:

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5. Is there any other information regarding your child's health and wellbeing that the employer would need to be aware of:

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