# 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***

**Work Experience Placement: ……..**

**Start Date:** Monday 22nd October, 2018 **End Date:** Friday 26th October, 2018

### STUDENT DETAILS

Student's Name: .....

Progress Group: ..... Date of Birth: .....

### Declaration:

- In the event of a medical emergency we will endeavour to contact you immediately. If this is not possible please confirm that you agree to your child receiving the following as considered necessary by the medical authorities present (please tick to CONFIRM):

  **Emergency Medical Treatment** ☐
  **Emergency Dental Treatment** ☐

- 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 to CONFIRM 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**

**Child's Registered Doctor:**

**Name:……. Surgery Address:……**

**……. Telephone Number:…….**

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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