



Work Experience Health Declaration and Consent Form

Name of Student		Tutor Group	
School	The Kings Of Wessex Academy, Station Road, Cheddar		
Placement period	26-30 June 2017		

Does your son/daughter have any medical conditions which could result in an unnecessary risk to his/her health/safety or to the health/safety of another person? <i>If yes please indicate & comment below</i>	Yes	No
Physical disabilities		
If yes please give details:		
Allergies, e.g. nuts, penicillin		
If yes please give details:		
Skin conditions e.g. eczema		
If yes please give details:		
Asthmas or any other chest complaints		
If yes please give details:		
Hearing / Visual impairments		
If yes please give details:		
Heart conditions that affects their ability to do physical tasks		
If yes please give details:		
Diabetes / Epilepsy		
If yes please give details:		
Medication		
If yes please give details:		
Please give details of any other issues that should be considered (including emotional & behavioural) <i>(please continue overleaf if required)</i>		

Parent/Guardian

I understand that the information above may be communicated by the school to the employer that offers my child a placement. This is to enable the employer to produce an appropriate young persons' risk assessment for my child. 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 the work experience scheme.

Signed		Date	
Name <i>(please print)</i>			

For placements found using Vervan Webview

Webview Job number			
Contact name			Tel:
Address			Email: