



Work Experience Health Declaration and Consent Form

Name of Student		Tutor Group	
School	The Kings Of Wessex Academy, Station Road, Cheddar		
Placement period	24-28 June 2019		

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 Verryan Webview – please update contact name & details if any changes from Webview

Webview Job number			
Contact name			Tel:
Address			Email:



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