

Work Experience 2018-19

Huish Episcopi Academy

Wincanton Road, Langport,

Somerset, UK, TA10 9SS

Telephone: 01458 250501

Fax: 01458 250262

E-mail: office@huishepiscopi.somerset.sch.uk

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:
	Yes	No	
PHYSICAL DISABILITIES e.g. Mobility, visual, cardiovascular			
LEARNING DIFFICULTIES			
ALLERGIES			
REGULAR MEDICATION			
DIABETES			
ASTHMA			
EPILEPSY			

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:
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Please return this form with your work Experience Placement Form