

# WORK EXPERIENCE Parental Consent & Medical Form



## Student Personal Information

Pupil's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contact Name at Placement: \_\_\_\_\_ Title (Mr/Mrs/Ms/Miss) \_\_\_\_\_

Contact Job Title: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Nature of Business: Medical, Media, Retail, Legal, Education, Financial, Property, Science, Marketing,  
Charity, IT, Construction, Sport, Fashion, Architecture, Engineering, Politics,

Other: \_\_\_\_\_

## Medical Information

Doctor's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Student's NHS Number (if applicable) \_\_\_\_\_ Mobile: \_\_\_\_\_

**Asthmatic/diabetic or any other condition that requires regular medication?** Yes/No

If yes, please give further details\*: \_\_\_\_\_

## Medical Information continued

Is your child currently on any medication?

Yes/No

If yes, please give further details\*: \_\_\_\_\_

Does your child have any allergies including drug sensitivities?

Yes/No

If yes, please give further details\*: \_\_\_\_\_

Does your child have fits or convulsions?

Yes/No

If yes, please give further details\*: \_\_\_\_\_

Does your child have any dietary requirements?

Yes/No

If yes, please give further details\*: \_\_\_\_\_

\* Please continue on a separate sheet if necessary

Date of last tetanus injection if known: \_\_\_\_\_

## Emergency Treatment

In the event of illness or any accident requiring emergency treatment of:

\_\_\_\_\_ (Student's name),

I authorise the employer to sign, on my behalf, any written form of consent required if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

Signed Mother/Guardian:: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent

I give permission for \_\_\_\_\_ (Student's name) to attend Work Experience.

Signed Mother/Guardian:: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

