



YEAR 10 WORK EXPERIENCE WEEK MONDAY 3 – FRIDAY 7 JULY 2017

## EMERGENCY CONTACT/ MEDICAL DETAILS

Student name \_\_\_\_\_

Form \_\_\_\_\_

Please tick either box A or B:

A  I confirm that all details held by the school on the Year 7 “Gold Form” concerning emergency contact telephone numbers and/or medical conditions affecting my son/daughter are correct, or that I have already notified the school of any changes.

B  Please note the following change(s) to the above details, which is/are:

for the Work Experience only

permanent

I give consent for the attached medical and contact details, and any other information which the school deems necessary in order to protect my child’s safety and well-being whilst on Work Experience to be passed to my child’s Work Experience employer and, if necessary, to Youth Connexions.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Father/Mother/Guardian (delete as appropriate) \_\_\_\_\_



## BEAUMONT SCHOOL WORK EXPERIENCE MONDAY 3 – FRIDAY 7 JULY 2017 INFORMATION AND CONSENT FOR EMPLOYER

Student Information	
Name	Form
Address	
	Date of Birth
Home Telephone	Mobile

Doctor's Information	
Doctor's Name	Telephone
Address	

Emergency Contact Information : Emergency Contact Information during Work Experience		
Name	Tel/mobile	Relationship to Student
Name	Tel/mobile	Relationship to Student

Medical Information		
<b>Does your child suffer from any of the following?</b> If Yes, please give details of any medication that is usually prescribed. Attach a separate sheet if necessary:		
AILMENT		If yes, details of medication/treatment
Hay Fever	Yes / No	
Migraine	Yes / No	
Travel Sickness	Yes / No	
Asthma	Yes / No	
Epilepsy	Yes / No	
Diabetes	Yes / No	
Fainting Attacks	Yes / No	
ALLERGIES		If yes, details of medication/treatment
Dust	Yes / No	
Plasters	Yes / No	
Penicillin	Yes / No	
Nettle Rash	Yes / No	
Insect Stings	Yes / No	
Food Allergies	Yes / No	
Animals	Yes / No	
Any others	Yes / No	
Details:		
Has your child been immunised against Tetanus?	Yes / No	



BEAUMONT SCHOOL WORK EXPERIENCE MONDAY 3 – FRIDAY 7 JULY 2017  
INFORMATION & CONSENT FOR EMPLOYER (continued)

**OTHER INFORMATION**

Please give details of any other medical or other condition (including relevant learning disabilities) of which the employer should be aware:

**MEDICATION**

Please give details of any regular medication being taken, or any medication carried by the student in case it is needed:

Does your child carry an EpiPen? Yes / No

**ANYTHING ELSE?**

Please give any other relevant information which you feel the school/employer should know about:

Signed

Father/Mother/Guardian (delete as appropriate)

Print Name

Date

**I give consent for my child** (insert name) \_\_\_\_\_ to take part in the Year 10 Work Experience Week Monday 3 – Friday 7 July 2017. I also consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the Work Experience and to the staff in charge giving written permission for any hospital treatment, including transfusion or operation if a delay in obtaining my consent would hinder the child's progress. I declare that my child is fit to undertake Work Experience and have declared any medical concerns on this form. I undertake to inform the employer of any condition which may affect my child's participation in their work placement and to supply a GP's certificate of fitness to take part if required.

Signed

Father/Mother/Guardian (delete as appropriate)

Print Name

Date