



WORK EXPERIENCE

CONSENT FORM



Dear Parent or Guardians,

Could you please complete this medical consent form and return it to Aston Manor Academy.

I agree that my child will be taking part in work experience and acknowledge the need for responsible behaviour on his / her part when on their placement.

I / We the parent / guardian of
(Please PRINT)

..... Form:

Acknowledgement must be made of any illness or condition which might affect your child's health or safety during a work experience placement.

Please specify:

.....

.....

Please list any medication or treatment needed throughout the duration of your Childs' work experience placement.

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Emergency contact

In the event of an emergency, I can be contacted on:

Home telephone No:.....

Mobile No:.....

Work No:.....

My family doctor is:.....

At (surgery address):

.....

GPs Telephone No:

Signature:..... (Parent / Guardian)

Date:.....