



Blue Coat Church of England Academy

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Student Name:		Form Group:	
PART 1 – STUDENT MEDICAL DETAILS (to be completed by Parent / Carer)			
My child has the following medical condition / disability / additional needs:			
My child takes the following medication(s) on a regular basis:			
Please consider the following additional information about my child when undertaking a risk assessment for my child's placement:			
My child has been immunised against Tetanus: YES or NO			
Date of Immunisation:			
Emergency Contact Details: Emergency Contact: Relationship to Child: Contact Telephone No.:		Medical Contact Details: Doctor's Name: Name and address of Surgery: Contact Telephone No.:	
PART 2: PARENTAL AGREEMENT (to be completed by Parent / Carer)			
<ul style="list-style-type: none"> I am willing for my son/daughter to participate in the Work Experience detailed in the previous pages. I understand that I am responsible for ensuring that suitable travel arrangements are made. I understand that it is a condition of the scheme that my child shall not receive any payment nor will my child be entitled to the benefits of the National Insurance (Industrial Injuries) Act in the event of an accident while taking part in Work Experience. 			
Parent / Guardian Signature:			Date:

Once completed, please return to Mrs Garrett or Miss Vernon in the Sixth Form office

Please contact Mrs Garrett on 01922 720 558 if you have any questions or would like to discuss work experience.