



Parental Consent Form: Goffs Churchgate Academy (Work Experience)

To be completed by the person with parental responsibility for the student.

Student's Full Name:	
Date of Birth:	
MEDICAL DETAILS:	
Does the above person:	
• Have a medical condition requiring medical treatment or medication?	Y/N
• Have an allergy to certain medications?	Y/N
<i>(Please give details of medical condition/treatments or allergies to medications below)</i>	
Is s/he able to administer her/his own medication?	Y/N
Has s/he received a tetanus injection in the last 5 years?	Y/N
I wish to draw the following to the school's attention (e.g. allergies, special dietary requirements, phobias, travel sickness, toileting difficulties, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	

EMERGENCY CONTACT INFORMATION

(Where this information has been pre-populated by the school, please check and confirm it is correct)

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Number:		

FAMILY DOCTOR DETAILS

Name:
Address:
Telephone Number:
Student's NHS number (if known):

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DECLARATION:

The student agrees to the following:

- To behave in a manner which will not cause harm to themselves or others
- To attend the work placement for the agreed hours, in full
- To inform the school and employer if unable to attend for reasons of illness
- To be respectful to members of the public, staff and company representatives
- To take appropriate clothing/equipment
- To comply with the emergency procedure if such a situation should arise
- To make their own way to and from the placement

Parent/Carer agrees to the following:

- To my child taking part in the work experience programme
- That my child's placement may be terminated early if they do not meet appropriate standards of behaviour
- For my child to receive first aid or medical treatment as considered necessary by medical personnel if expert advice is sought

I am aware that students are not allowed to receive wages for their work experience.

DECLARATION:

I _____ (name of parent/guardian), give my consent for my son/daughter _____, date of birth _____ to spend the 6th – 10th July 2020 participating in Work Experience.

I acknowledge the need for the person named above to behave responsibly and accept in full the declaration set out above.

Signed (Student):	Name in Capitals:
Signed (Parent/Carer):	Name in Capitals:
Relationship:	Date:
Telephone Number:	

The Declaration on this form must be signed by someone with parental responsibility for the student.

