



KINGSBRIDGE COMMUNITY COLLEGE

WORK EXPERIENCE

Monday 18 to Friday 22 July 2011

PARENTAL HEALTH CONSENT FORM

Please return this form, fully completed and signed, to your form tutor by **Friday 3 December 2010** at the latest.

Student's Name:	Tutor Group:	D.O.B.
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I give permission for my child to take part in Work Experience week.

Does your son/daughter have a health problem in any of the following areas **which would affect them whilst on work experience?** (Please tick)

- Restrictions for normal physical activity or games
- Skin allergies, eczema, other allergies (e.g. nuts)
- Bronchitis, asthma, chest complaints
- Hearing problems or ear discharge
- Heart disease that affects their ability to do physical tasks
- Diabetes
- Fits or fainting attacks
- Significant colour defect or other visual problems
- Learning disability which may cause them not to understand instructions
- Any other health problem (including need for regular medication)

(Please give details)

There are no health reasons affecting my son/daughter's ability to take a placement
Please Note: *Tetanus vaccinations must be up to date for all placements in farms / garden centres / veterinary and associated placements.*

The College cannot be held responsible for any problems that arise, where medical conditions are not disclosed.

I understand this information will be communicated to an employer and that I will be contacted if there are any significant risks posed in this placement.

Signed: Parent/Guardian Date:

Contact Telephone Number (emergency only):