Ticket House
110 East Street
Southend on Sea
Essex
SS26LH
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Southend YMCA Community School
building a future

WORK EXPERIENCE

MEDICAL AND CONSENT FORM

Please complete **ALL** sections and return to school as soon as possible

THIS FORM WILL BE FORWARDED TO THE EMPLOYER

PUPIL INFORMATION:

Surname: …… **First Name(s):** …… **Date of Birth:** ……

MAIN CONTACT DETAILS (parent or guardian)	**ALTERNATIVE CONTACT DETAILS**
Name: ……	**Name:** ……
Telephone: ……	**Telephone:** ……
Alternative Telephone: ……	**Alternative Telephone:** ……

Does your child suffer from any of the following (please delete as appropriate)?

AILMENTS		**ALLERGIES**	
Hay Fever	Yes/No	Dust	Yes/No
Migraine	Yes/No	Nettle Rash	Yes/No
Travel Sickness	Yes/No	Elastoplast	Yes/No
Asthma	Yes/No	Insect Stings	Yes/No
Epilepsy	Yes/No	Penicillin	Yes/No
Diabetes	Yes/No	Food Allergies	Yes/No
Fainting Attacks	Yes/No	Any Others *(please give details below)*	Yes/No
Any Others	Yes/No		

Continue on a separate sheet if necessary

IF YES please give details of medication/treatment and any relevant information

Special Educational Needs/Special Requirements/Other Relevant Information (please give details and include any other information that the employer should be aware of): ……

……

……

Continue on a separate sheet if necessary

Doctor's name: …… **Telephone Number:** ……

- **I have seen the job description and health and safety information contained therein and give permission for my child to take part in this work placement.**
- **I agree to authorise members of staff during the course of the work experience placement to approve such medical treatment for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner. I set out above (and continued on a separate sheet if necessary) any medical condition from which my child is suffering, together with details of the treatment required. I also set out details of any special educational needs, special requirements or any other information relevant to this work placement.**
- **In order to enable employers to put in place the necessary support for your child during his/her work experience we may need to provide some information about their individual needs. Would you please sign below to confirm that you give permission for this information to be passed on.**

Parent/Guardian …… **Date:** ……

[signature]

Child ……

[signature]