

PLEASE RETURN PARENTAL PERMISSION FORM TO YOUR WORK EXPERIENCE TEACHER

Parental Permission for Work Experience

Pupil: _____

School: St Benedict's High School

I confirm that I have read, understood and agree to the requirements of the work experience placement as detailed in the Placement Information sheet.

If on a particular day she cannot attend the placement I agree to notify the Provider and the School by telephone before 9.00am.

I understand that it is important not to place a pupil in an environment for which she is medically unsuited.

I confirm that my daughter has no medical conditions

Or

The following medical conditions apply –

	Yes	No		Yes	No
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Skin Allergies / Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Requires Regular Medication	<input type="checkbox"/>	<input type="checkbox"/>
Vision Impairment (incl colour blindness)	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If any of these medical conditions apply, please provide more details:

Parent/Guardian's Signature _____

Date _____

Pupil Agreement to Work Experience

I confirm that I have read, understood and agree to the requirements of the work experience placement as detailed in the Placement Information sheet.

I will not disclose any information confidential to the Placement Provider without the Provider's permission.

I will follow all safety, security and other appropriate instructions given by the Provider.

I will take reasonable care of my own health, safety and welfare, and of the health, safety and welfare of others.

If on a particular day I cannot attend the placement I agree to notify the Provider and the School by telephone before 9.00am.

Pupil's Signature _____

Date _____