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**PAIGNTON ACADEMY - CAREERS DEPARTMENT**

***WORK EXPERIENCE CONSENT FORM***

***PARENT/GUARDIAN TO COMPLETE***

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| **Student Name:** |  |
| **Form:** |  |
| **Student Date of Birth:** |  |

For the health and safety of each student we are required to inform the employer of any health/ special educational needs condition that they have. ***Please tick section A OR B as appropriate:***

**A.** 🞎 I know of no medical condition from which my child suffers which may prevent him/ her taking part in Work Experience.

**B.** My child has the following health/learning problems:

* Restrictions for normal physical activity or games
* Skin allergies, eczema, other allergies (e.g. nuts), please specify

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* Bronchitis, asthma, chest complaints
* Hearing problems or ear discharge
* Heart disease that effects 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 reasons affecting my child’s ability to take part in Work Experience please indicate the reason:

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**C.** My child can travel to the following areas:

* Paignton
* Torquay
* Brixham
* Totnes
* Newton Abbot

Do you have any other additional comments?

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I consent to my child attending Work Experience/observation and to sharing my child's information with the work experience provider.  I understand that the employer/school will not be liable to him/her for any loss, injury or damage suffered; other than such caused by negligence of the work experience provider, and I authorise the employer’s/staff in charge of the activity to seek emergency treatment for him/her should it be necessary. Any information held by the employers will be securely destroyed upon the completion of the work experience placement in line with their records management processes.

******Signed ...................................................................... (Parent/Guardian) Date ....................................