

Parental Permission for Work Experience

Pupil:.....

School: Balforn High School

If on a particular day my child 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 he/she is medically unsuited.

I confirm that my child has no medical conditions

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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 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 _____