



# Work Experience Parent/Carer WEX Consent and Medical Form



## WORK EXPERIENCE 25<sup>th</sup> February to 1<sup>st</sup> March 2019

Learning provider Name: The Bushey Academy

Student Name: .....

I would like the above named student to take part in the work experience programme YES / NO

Parent/Carer Signature: .....

Parent/Carer Name: ..... Date .....

PLEASE REMEMBER TO INCLUDE YOUR CHEQUE WHEN RETURNING THIS FORM

### Work Experience



# Work Experience Student Medical Information Form



Please complete ALL details and return to the Learning provider as soon as possible

## 1 STUDENT INFORMATION

SURNAME:		FORM:
FIRST NAMES(s):		
ADDRESS:		
DATE of BIRTH:		
HOME TELEPHONE NUMBER:		
DAYTIME CONTACT NUMBER:		

## 2 DOCTOR'S INFORMATION

DOCTORS'S NAME:	
ADDRESS:	
TELEPHONE NUMBER:	

## 3 MEDICAL CONDITIONS

AILMENT:		If YES, please included details of medication / treatment
Hay Fever	Yes / No	
Migraine	Yes / No	
Travel Sickness	Yes / No	
Asthma	Yes / No	
Epilepsy	Yes / No	
Diabetes	Yes / No	
Fainting Attacks	Yes / No	
<b>TETANUS</b>	Yes / No	<b>Has your child been immunised?</b>

ALLERGIES:			
Dust	Yes / No	Nettle Rash	Yes / No
Plasters	Yes / No	Insect Stings	Yes / No
Penicillin	Yes / No	Food Allergies	Yes / No

			Yes / No
<b>PLEASE INDICATE DETAILS OF ANY OTHER ALLERGIES</b>			

Does your child require/carry an EPI PEN?	Yes / No
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<b>Is there any other Medical Information which you feel the Learning provider / Employer should know about?</b>	
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I declare that my child is fit to undertake work experience activities as detailed in the Learning provider's letter.

I have declared any Medical concerns on this form.

I consent to the staff in charge giving written permission for any hospital treatment, including transfusion or operation, if a delay in requesting my consent would hinder my child's treatment.

Signed by Parent / Carer .....Date .....