|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Student |  | Tutor Group | |  |
| School |  | | | |
| Placement period |  | | | |
|  | | |  |  |
| Does your son/daughter have any medical conditions which could result in an unnecessary risk to his/her health/safety or to the health/safety of another person?  *If yes please indicate & comment below* | | | Yes | No |
|  |  |
| **Physical disabilities** | | |  |  |
| If yes please give details: | | | | |
| **Allergies, e.g. nuts, penicillin** | | |  |  |
| If yes please give details: | | | | |
| **Skin conditions e.g. eczema** | | |  |  |
| If yes please give details: | | | | |
| **Asthmas or any other chest complaints** | | |  |  |
| If yes please give details: | | | | |
| **Hearing / Visual impairments** | | |  |  |
| If yes please give details: | | | | |
| **Heart conditions that affects their ability to do physical tasks** | | |  |  |
| If yes please give details: | | |  |  |
| **Diabetes / Epilepsy** | | |  |  |
| If yes please give details: | | |  |  |
| **Medication** | | |  |  |
| If yes please give details: | | | | |
| **Please give details of any other issues that should be considered (including emotional & behavioural)**  *(please continue overleaf if required)* | | | | |

**Parent**

This information will be shared appropriately with an employer who is offering a work experience placement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Name  *(please print)* |  | | |

**Employer**

I have read and acknowledge the health information above and can confirm that I will take the relevant risks into account for this placement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Name  *(please print)* |  | Position |  |
| Company Name |  | | |