|  |  |  |  |
| --- | --- | --- | --- |
| 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  |  |