**Parental consent to participate in work experience 2018-2019**

I (name)

………………………………………………………………………………………………………………………………………………

Parent/guardian of

…………………………………………………………………………………………………………………………………………………

Hereby give my consent to participation in the work experience programme.

Is there a medical condition which should be taken into account when choosing a work taster placement?

YES / NO

If ‘Yes’ please give details

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Signature ………………………………………………………………… Date …………………………………………..

The medical information and contact details on this form will be used during this placement should it be necessary to contact you. Please ensure that the school office is made aware of any changes to medical or contact details so amendments can be made.