

Weatherhead High School

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A high performing academy providing excellence for all

YEAR 10 WORK EXPERIENCE PARENTAL/CARER CONSENT and STUDENT HEALTH DECLARATION FORM

(Please note: Shaded areas to be completed)

TO BE COMPLETED BY PARENT OR CARER:

Should you require any further information, please do not hesitate to contact Mrs G Jones, Work Related Learning Co-ordinator.

Student Name: _____ **Form** _____

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| Emergency contact details for Parent or Carer: Name: _____ _____ Telephone / Mobile Number: _____ | Alternative contact in an emergency: Name: _____ _____ Telephone / Mobile Number: _____ |
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| Details of Student's Doctor (emergency use only): Name: _____ Telephone Number: _____ Address: _____ _____ |
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We require this confidential information to ensure that any health related conditions which might affect the placements are taken into account and to enable us to identify any additional equipment or support that may be required. Please read the following list of medical conditions. If your daughter/ward suffers from one or more of these conditions, **please tick the appropriate box(s)**. This information will help us to ensure that your child is placed in a safe and appropriate environment.

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| Epilepsy <input type="checkbox"/> | Asthma <input type="checkbox"/> | Hearing Impairment <input type="checkbox"/> |
| Colour Blindness <input type="checkbox"/> | Heart condition <input type="checkbox"/> | Physical Disability <input type="checkbox"/> |
| Eczema/dermatitis <input type="checkbox"/> | Recent Food Poisoning <input type="checkbox"/> | Poor Eyesight/Wears Lenses <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Vertigo / fear of Heights <input type="checkbox"/> | Fits or Fainting Attacks <input type="checkbox"/> |
| Rheumatism <input type="checkbox"/> | Recent Injury <input type="checkbox"/> | Food Allergies <input type="checkbox"/> |
| Other <input type="checkbox"/> | | |

If you have answered YES to any of the above or your daughter/ward has any other condition not listed, please provide relevant information below. Please list all conditions, serious or minor which you think the School or Learning Provider should know about. Do not hesitate to contact Mrs G Jones if you have any doubts.

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Please Tick Below:

- I confirm that she does not have a medical condition which, in my opinion, could result in any unnecessary risk to the health and safety of any other person or herself.
- I understand that in the interests of my child, the school and placement provider will exchange information about my child in order to ensure the appropriateness of the placement and her safety.
- I will notify the school should there be any change to my daughter's/ward's medical condition whilst on the programme.
- I accept that my daughter/ward will have to make her own way to and from the placement unsupervised.
- I am happy with the information I have received about the programme and confirm my consent for my daughter/ward to participate and her photograph to be used in any publicity materials.
- I confirm that the above information is correct and that it can be passed to the Learning Provider.

Signature of Parent / Carer: _____ **Date:** _____