

## Work Experience Student Medical Information and Accident/Emergency Contact Form



There is a duty to ensure employers know in advance about students who may be at greater risk, for example due to health conditions or learning difficulties, so they can take these properly into account.

It is essential that any medical or other significant information that may affect your son/daughter's health and safety is provided. Would you please complete the information below:

Pupil's full name:

Date of birth:

My son/daughter has the following medical condition/disability/special needs:

My son/daughter takes the following medication(s) on a regular basis:  
(any medication or EpiPens must be carried by the student at all times)

Please list any allergies that your son/daughter has eg: foods, plasters, penicillin:

My son/daughter has been immunised against tetanus: YES / NO

Other factors that an employer will have to take into consideration when undertaking a risk assessment for my son/daughter's placement are:

Please provide contact details so that staff at your son/daughter's work experience placement can contact you in an emergency:

Parent/Carer 1:

Parent/Carer 2:

Daytime telephone number:

Daytime telephone number:

The information provided has been supplied solely for the purpose of work experience. It is to enable the employer to carry out an effective risk assessment and contact you in an emergency. The form is passed to the employer and none of the information is held by any third party:

Signature of parent/guardian

Please print name:

Date:

In the event of the student not arriving at their placement, please contact Lindsay Wigens

01273 476231 ext 311 or 07858 425948