

# Work Experience Medical Information Form



In the event of an accident the employer should immediately notify Nicki Cutress at Downlands Community School on 07801 737754

Young Person's Full Name:

Date of Birth:

Tutor Group:

Home address:

Home Telephone Number:

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

My son / daughter takes the following medication(s) on a regular basis and will be carrying this medication whilst on work experience:

Please list any allergies that your son / daughter has: e.g. foods, plasters, penicillin etc.

My son / daughter has been immunised against tetanus: Yes / No

Please give date of immunisation:

I authorise my son / daughter to leave the premises at lunchtime: Yes / No

Please complete the following contact details, in case of emergency:

Parent / Guardian 1:

Telephone Number:

Parent / Guardian 2:

Telephone Number:

Doctors Name:

Telephone Number:

Surgery Address:

Any other relevant additional information:

I understand that this information will be shared with my son / daughter's work experience placement

Signature of Parent / Guardian:

Date:

Please Print Name:

The information shown on this form has been supplied solely for the purpose of work experience. It is minimal information required to enable the employer to carry out effective risk assessment and should not be used for any other purpose. Employers will be asked to destroy this information once the placement has taken place.