



# Work Experience Parent/Carer WEX Consent and Medical Form



## WORK EXPERIENCE 23<sup>rd</sup> – 27<sup>th</sup> May 2022

Learning provider Name: The Hemel Hempstead School

Student Name: .....

I would like the above named student to take part in the work experience programme YES / NO

I am able to contribute to the cost of work experience for the above student. YES / NO

I confirm I will make an online payment via Pay 360

Link2+ Database employer or Own Placement within Hertfordshire £ 30

Out of County Own Placement (outside of Hertfordshire) £ 41

**DEADLINE DATE for forms is 22<sup>nd</sup> November 2021**

**DEADLINE DATE FOR payment is 15<sup>th</sup> December 2021**

Parent/Carer Signature: .....

Parent/Carer Name: ..... Date .....



# Work Experience Student Medical Information Form



Please complete ALL details and return to the learning provider as soon as possible

## 1 STUDENT INFORMATION

SURNAME:		FORM/TUTOR GROUP:	
FIRST NAMES(s):			
ADDRESS:			
DATE of BIRTH:			
HOME TELEPHONE NUMBER:		DAYTIME CONTACT NUMBER:	
DAYTIME CONTACT NUMBER:			

## 2 DOCTOR'S INFORMATION

DOCTOR'S NAME:		TELEPHONE NUMBER:	
ADDRESS:			

## 3 MEDICAL CONDITIONS

<b>AILMENT:</b>		If YES, please included details of medication / treatment	
Hay Fever	Yes / No		
Migraine	Yes / No		
Travel Sickness	Yes / No		
Asthma	Yes / No		
Epilepsy	Yes / No		
Diabetes	Yes / No		
Fainting Attacks	Yes / No		
<b>TETANUS</b>	Yes / No	<b>Has your child been immunised?</b>	
<b>ALLERGIES:</b>			
Dust	Yes / No	Nettle Rash	Yes / No
Plasters	Yes / No	Insect Stings	Yes / No
Penicillin	Yes / No	Food Allergies	Yes / No
			Yes / No
<b>PLEASE INDICATE DETAILS OF ANY OTHER ALLERGIES</b>			
Does the student/client require/carry an EPI PEN?		Yes / No	
<b>Is there any other Medical Information which you feel the School / Employer should know about?</b>		I will disclose personal information directly with the employer eg., any medical conditions, criminal activities etc.	

**If under 18 to be signed by Parent/Carer** - I declare that my child is fit to undertake work experience activities as detailed in the learning provider's letter.

I have declared any Medical concerns on this form.

I consent to the supervisor on the employer premises giving written permission for any hospital treatment, including transfusion or operation, if a delay in requesting my consent would hinder my child's treatment.

Signed by Parent / Carer .....Date .....

**If 18 or over to be signed Student-** I declare that I am fit to undertake work experience activities.

I have declared any Medical concerns on this form.

I consent to the supervisor on the employer premises giving written permission for any hospital treatment, including transfusion or operation, if a delay in requesting next of kin consent would hinder my treatment.

Signed by Student ..... Date .....