**Work Placement Parental Consent Form**

**Name of student…………………………………………………………………………………. Form …………………………….**

I give permission for my son/daughter to take part in the full programme of activities involved in their work experience placement and have read the information provided by the Academy.

I acknowledge that my son/daughter must make their own travel arrangements from Sandhill View Academy to the placement and from the placement to home and that they will take responsibility for their lunch arrangements. Students who receive free school meals will need to collect a packed lunch from the canteen prior to leaving. In the event of the student named above being ill or injured during the work experience, I accept that the employer will contact the academy and/or parents/carers. I understand that during the period of work placement my son/daughter will be in the care of the employers and under their instructions.

Whilst on work experience placement Sandhill View Academy will inform your son’s/daughter’s employer of his/her emergency contact and medical details in order to comply with Health and Safety in the workplace regulations. We will assume that return of this form indicates that you are in agreement with this information being shared with employers and you have a duty to inform us if any changes need to be made to the information below.

|  |
| --- |
| **Student Details** |
| Forename |  |
| Surname |  |
| Date of birth |  |
| Home address |  |
| Postcode |  |
| Contact name of parent/carer | Contact telephone number(s) | Relationship to student |
| Secondary contact name | Secondary contact telephone number(s) | Relationship to student |
| Additional contact name | Secondary contact telephone number(s) | Relationship to student |

**MEDICAL INFORMATION – IMPORTANT**

Should there be any additional medical, religious, dietary or other information which you think the employer should know about your son/daughter please explain below:

Parent/carer name: …………………………………...………………………………...

Parent/carer signature: ……………………………….……………………………………. Date: ……………………………………………

Relationship to student: ……………………………………………………………………...