

## Medical Information Form

<b>In the event of an accident the employer should notify the student's parents/guardians (see phone number below) and then contact the school/college on _____ and leave a message for the work experience coordinator.</b>	
Pupil's full name:	
Tutor group:	Date of birth:
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:	
Please list any allergies that your son/daughter has e.g. foods, plasters, penicillin	
My son/daughter has been immunised against tetanus YES/NO	
Please give date of immunisation:	
Other factors that an employer will have to take into consideration when undertaking a risk assessment for my son's/daughter's placement are:	
Please complete the following details so that staff at your son's/daughter's work experience placement can contact you in an emergency:	
Parent/Guardian 1:	Parent/Guardian 2:
Daytime telephone number:	Daytime telephone number:
Doctor:	
Surgery address:	Telephone number:
Additional information:	
Signature of parent/guardian:	Please print name:
	Date: