

NEXT STEPS

Work Experience Medical Information Form

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 co-ordinator.	
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:	

The information shown on this form has been supplied solely for the purpose of work experience. It is to enable the employer to carry out an effective risk assessment and should not be used for any other purpose.