



**ALDERMAN PEEL HIGH SCHOOL**  
**YEAR 10 WORK EXPERIENCE**  
**HEALTH DECLARATION FORM**

Name of Student		Tutor Group	
School	<b>ALDERMAN PEEL HIGH SCHOOL</b>		
Placement period	<b>27<sup>th</sup> June 2022 to 1<sup>st</sup> July 2022</b>		

Does our son/daughter have any medical conditions which could result in an unnecessary risk to his/her health/safety or to the health/safety of another person? <i>If yes please indicate and comment below.</i>	Yes	No
<b>Physical disabilities</b> If yes please give details:		
<b>Allergies, e.g. nuts, penicillin</b> If yes please give details:		
<b>Skin conditions e.g. eczema</b> If yes please give details:		
<b>Asthma or any other chest complaints</b> If yes please give details:		
<b>Hearing/Visual impairments</b> If yes please give details:		
<b>Heart conditions that affects their ability to do physical tasks</b> If yes please give details:		
<b>Diabetes/Epilepsy</b> If yes please give details:		
<b>Medication</b> If yes please give details:		
<b>Please give details of any other issues that should be considered (including emotional &amp; behavioural)</b> (Please continue overleaf if required)		

**Parent**

This information will be shared appropriately with an employer who is offering a work experience placement.

<b>Signed</b>		<b>Date</b>	
<b>Name</b> (Please print)			

**Employer**

I have read and acknowledge the health information above and can confirm that I will take the relevant risks into account for this placement.

<b>Signed</b>		<b>Date</b>	
<b>Name</b> (please print)		<b>Position</b>	
<b>Company Name</b>			