



ALDERMAN PEEL HIGH SCHOOL

YEAR 10 WORK EXPERIENCE HEALTH DECLARATION FORM

Name of Student		Tutor Group	
School	ALDERMAN PEEL HIGH SCHOOL		
Placement period	29th June 2020 to 3rd July 2020		

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?	Yes	No
If yes please indicate and comment below.		
Physical disabilities		
If yes please give details:		
Allergies, e.g. nuts, penicillin		
If yes please give details:		
Skin conditions e.g. eczema		
If yes please give details:		
Asthma or any other chest complaints		
If yes please give details:		
Hearing/Visual impairments		
If yes please give details:		
Heart conditions that affects their ability to do physical tasks		
If yes please give details:		
Diabetes/Epilepsy		
If yes please give details:		
Medication		
If yes please give details:		



Please give details of any other issues that should be considered (including emotional & behavioural)
(Please continue overleaf if required)

Parent

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

Signed		Date	
Name (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.

Signed		Date	
Name (please print)		Position	
Company Name			