



# Work Experience Health Declaration Form

Name of Student		Tutor Group	
School	Tiverton High School		
Placement period	17 <sup>th</sup> to 21 <sup>st</sup> July 2017		

Does your 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 &amp; 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>Asthmas 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> <i>(please continue overleaf if required)</i>		

## Parent

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

Signed		Date	
Name <i>(please print)</i>			

## 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 <i>(please print)</i>		Position	
Company Name			