

CONFIDENTIAL

PARENTAL CONSENT & SPECIAL / MEDICAL NEEDS FORM
*Information for WORK EXPERIENCE, EXCURSIONS/TRIPS
 and notification for school FIRST AIDERS 2021/23*

Please complete this form even if your child is an existing Frome student.

Name of Student

Please complete this section to indicate whether your child has any specific needs / medical conditions

	Yes	No		Yes	No
Physical disabilities			Diabetes/Epilepsy/Asthma		
Learning difficulties			Mental health / Anxiety		
Allergies / Hay Fever etc			Any regular medication?		

If you have answered YES to any of the above, please give further details particularly any restrictions or means of managing the situation advised by a doctor or any other specialist. PLEASE ATTACH ANY RELEVANT DOCTOR'S LETTERS ETC.

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If the answer is 'Yes' to any of the questions above, the information will be shared with work experience placement providers and relevant school staff to ensure that students have appropriate supervision and First Aid when necessary.

My child is fully inoculated against Tetanus (check with your doctor if necessary) Yes No

My child is fully inoculated against COVID 19 (check with your doctor if necessary) Yes No

SPECIFIC DECLARATION FOR WORK EXPERIENCE PLACEMENTS :

I understand that it is a condition of Work Experience that the student shall not receive any payment, and is not entitled to the benefits of National Insurance (Industrial Injuries) Act in the event of an accident while taking part in this scheme.

I am willing for my son/daughter to participate in a Work Experience Scheme for the purpose of gaining experience in the world of work and also understand that the information I have provided above will be communicated to the placement provider in order that my child can obtain maximum benefit from the work experience. **If work experience is arranged outside of the school work experience week in July, I understand it is a parental responsibility to inform the placement of any needs or medical conditions directly.**

I will ensure I make a note of the dates of work experience on my calendar and make sure I take a photocopy/ of the form/ note down key information from the work placement my son/ daughter arranges. I understand it is my responsibility to research the reputation of the company selected to ensure my son/daughter attends a reputable placement.

NAME OF PARENT/ GUARDIAN.....

Signature of Parent/Guardian **Date**.....

Please return completed form to school on SIXTH FORM TRANSITION DAY

(Late forms can be emailed to post16office@fromecollege.org or posted to Sixth Form Office, Frome College, Bath Road, Frome Somerset BA11 2HQ)