



Year 12 Work Experience: 22 – 26 June 2020

Parental Consent Form

Student's NameTutor group

To be completed by a parent or carer

As parent/carer of the student named above I confirm that I am willing for them to participate in work experience and that I have read and understood the Work Experience Guidelines*. If my child is ill during the work experience placement, I will telephone the placement and school to let them know the situation and understand that failure to do so will result in the absence being recorded as unauthorised.

Please state on the reverse of this form any medical condition(s) which may affect the student's work placement.

Please tick if the student has **no** medical conditions that will affect their placement

Name (Parent/Carer)

Signature Date

To be completed by the student

I confirm that I have read and understood the Work Experience Guidelines. I agree to hold in confidence any information about my employer's (Work Experience) business and to observe all safety, security and other regulations as set by the employer. I fully appreciate the responsibility of taking on a work placement and I confirm that I shall behave in a suitable manner at all times. I will not ask my employer for payment for my work experience.

I have found my own work experience placement and will complete and return the form as soon as possible

I am in the process of finding my own work experience placement

Signature Date

Please return this form to Mrs Kaminska in the Study Room.

Details of any **medical conditions** should be given on the **reverse of this form.**

*The Guidelines are available to view on Highdown School website in the Sixth Form area - Important Information section.

