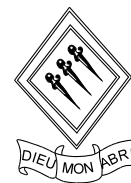


# ST BERNARD'S HIGH SCHOOL



Milton Road, Westcliff on Sea  
Essex SS0 7JS  
Tel: 01702 343583x264 Fax: 01702 390201

E-mail: [hcd@stbernards.southend.sch.uk](mailto:hcd@stbernards.southend.sch.uk)  
Contact: Mrs H Davies Careers Co-ordinator

## Year 12 WORK EXPERIENCE MEDICAL AND CONSENT FORM

Please complete **ALL** sections and return to **Mrs Davies** by **08.05.2020** at the latest  
WORK EXPERIENCE Dates: **Monday 22.06.2020- Friday 26.06.2020**

### STUDENT INFORMATION:

SURNAME:		FIRST NAMES:	
FORM	ADDRESS:		
DATE OF BIRTH:		TEL: (Home)	DAYTIME:
DOCTOR'S NAME:		CONTACT PERSON [Mother: Father: Carer: other Relative	
TELEPHONE No:		NAME:	
		TELEPHONE NO:	

Does your son/daughter suffer from any of the following (please delete as appropriate); If YES, please indicate any medication that is usually prescribed.

Condition		IF YES, details of medication / treatment and any relevant information
Hay Fever	YES / NO	
Migraine	YES / NO	
Travel Sickness	YES / NO	
Asthma	YES / NO	
Epilepsy	YES / NO	
Diabetes	YES / NO	
Fainting Attacks	YES / NO	
TETANUS	Has your child been immunised?	YES / NO Year
<b>Allergies</b>	YES/NO	[Please indicate]
Other conditions		

### PLEASE NOTE

- PARENTS CAN PROVIDE STUDENTS WITH A PACKED LUNCH & A DRINK OR MONEY TO PURCHASE REFRESHMENTS WHILE ON PLACEMENT
- STUDENTS WILL BE EXPECTED TO WEAR 'BUSINESS CLOTHES' TO THE INITIAL INTERVIEW AND APPROPRIATE CLOTHING FOR THEIR PLACEMENT.

THIS SHOULD BE AGREED IN ADVANCE WITH THE PLACEMENT SUPERVISOR

Continued overleaf

- a) I have read the information and I agree to my son/daughter taking part in the Work Experience. I declare my son/daughter fit enough to undertake these activities. I have declared any medical concerns on this form and agree to this information being shared with the employer.
- b) I consent to the staff in charge giving written permission for any hospital treatment, including transfusion or operation if a delay in requesting my consent would hinder the son/daughter's progress.
- c) Students will be required to make their way to and from their Work Placement.

Signed by Parent / Guardian: .....Date.....

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- d) I have read the information and I agree to my taking part in the Work Experience. I declare I am fit enough to undertake these activities. I have declared any medical concerns on this form and agree to this information being shared with the employer.
- e) I consent to the staff in charge giving written permission for any hospital treatment, including transfusion or operation if a delay in requesting my consent would hinder my progress.
- f) Students will be required to make their way to and from their Work Placement.

Signed by Student.....Date.....

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