**Work Experience Health Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | | |
| School Name & Tutor Group | **Sidmouth College** | | |
| Work Experience Placement Dates |  | | |
| Please answer the following questions giving any details regarding any medical conditions that your child may have. Please continue overleaf if needed | | | |
|  | | Yes | No |
| Allergies - medical or food related | |  |  |
| Asthma or any other respiratory complaints | |  |  |
| Diabetes or Epilepsy | |  |  |
| Heart conditions | |  |  |
| Hearing or sight impairments | |  |  |
| Physical disabilities | |  |  |
| Skin conditions | |  |  |
| If any medication will be required during the work experience placement please give details below: | |  |  |
| If there are any other issues that need to be considered (eg SEMH - social, emotional, mental health) please give details below: | |  |  |

|  |
| --- |
| **Parents – please note that this information will be shared as appropriate with the employer who is offering a work experience placement to the above student** |
|  |
| Name (please print) |
| Signed Date |
| **Employers – I have read and acknowledge the health information above and can confirm that I will take this into account when reviewing the risks associated with this placement and adapt if necessary.** |
|  |
| Name (please print) |
| Company Name |
| Signed Date |

This work experience is co-ordinated to deliver the National Careers Strategy and Gatsby Benchmark 6 - which is Experience of the Workplace to introduce students to the ‘World of Work’

Please return the completed form to [nyoung@sidmouthcollege.devon.sch.uk](mailto:nyoung@sidmouthcollege.devon.sch.uk) or

Mrs N Young

Sidmouth College

Sidmouth

EX10 9LG

Questions or queries can be emailed or contact 01395514823 ext 259