



## THE HOLLYFIELD SCHOOL WORK EXPERIENCE MEDICAL FORM 2022

PLEASE NOTE: IT IS IMPORTANT THAT WE ARE INFORMED OF ANY MEDICAL CONDITION THAT MAY AFFECT YOUR CHILD'S CHOICE OF WORK EXPERIENCE; THIS WILL ENABLE US TO ENSURE A SUITABLE PLACEMENT IS TAKEN. THESE DETAILS WILL BE PASSED ONTO YOUR CHILD'S EMPLOYER WHEN THE PLACEMENT HAS BEEN CONFIRMED BY COMPLETION OF THE PLACEMENT INFORMATION FORM.

STUDENT NAME: .....

DATE OF BIRTH:..... TUTOR GROUP:.....

NAME OF PARENT/CARER: .....

ADDRESS:.....

HOME AND MOBILE TELEPHONE NUMBER(s):.....

EMERGENCY CONTACT NAME:.....

RELATIONSHIP TO STUDENT: .....

EMERGENCY CONTACT TELEPHONE NUMBER

DAYTIME:..... EVENING:.....

ANY RELEVANT MEDICAL, SPECIAL OR ADDITIONAL EDUCATIONAL NEEDS INFORMATION (eg Asthma, Allergies, Epilepsy, Diabetes, significant Vision/Hearing or mobility impairment, Autism, ADHD):  
.....  
.....

PLEASE LIST ANY MEDICATION WHICH IS CARRIED BY THE STUDENT:  
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SPECIAL DIETARY NEEDS:.....

STUDENT AND PARENT/GUARDIAN PLEASE SIGN & DATE BELOW and RETURN THIS FORM TO THE SCHOOL

Signed: Student: ..... (print name: .....)

Parent:..... (print name: .....)

Date: .....

PLEASE RETURN TO Mrs Ebsworth at The Hollyfield School.