

**Weston Favell Academy  
MEDICAL INFORMATION & CONSENT FORM**

Name of Student: .....

Tutor: .....

I give permission for my son/daughter to take part in the **Work Experience programme in July 2017**. I agree to authorise any member of staff during the course of this programme to approve such medical treatment for my son/daughter as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner.

I understand my son/daughter is expected to adhere to the same discipline rules as would be expected in sixth form. I agree to reimburse Weston Favell Academy for any costs and expenses reasonably incurred and/or other sums reasonably disbursed on behalf of my son/daughter, as a result of misconduct of my son/daughter during the course of the Work Experience programme July 2017.

Please tick here if you do not want your son/daughter to take part in the work experience scheme. Your son/daughter will attend sixth form as normal during the work experience week

**Please complete the following (where applicable):**

<b>My son/daughter suffers from the following medical condition:</b>
<b>My son/daughter is required to take the following medication:</b>

	Name of Contact and relationship to student	Telephone Number of Contact
<b>Emergency Contact 1</b>		
<b>Emergency Contact 2</b>		

It is Weston Favell Academy policy that if a student misbehaves in sixth form his/her place on work experience will be withdrawn. The final decision on who goes on work experience is at the discretion of the Principal and her decision is final.

I also agree to discuss with my son/daughter the importance of observing health and safety rules in the work place and of meeting the general expectations of employers. **(Please cross out if you do not want your son/daughter to take part)**

**Signed** .....  
(Parent)

**Date** .....