Brymore
experience to last a lifetime

CONFIDENTIAL

PARENTAL CONSENT & SPECIAL MEDICAL NEEDS FORM

Name of Student ..... Tutor Group .....

Please complete the form below to indicate whether your child has any medical needs which you feel **may affect their work experience placement.**

	Yes	No		Yes	No
Physical disabilities			Diabetes/Epilepsy/Asthma		
Learning difficulties			Other		
Allergies			Regular medication		

If you have answered YES to any of the above, please give further details particularly any restrictions or means of managing the situation advised by a doctor or any other specialist.

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If the answer is 'Yes' to any of the questions above, the information will be shared with placement providers to ensure that students have appropriate supervision.

Any other concerns you would wish brought to the attention of the placement provider:

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My child is fully protected against Tetanus (check with your doctor if necessary) Yes ☐ No ☐

(This section is relevant if your child wishes to work for example in Agriculture, Horticulture or an area of work which may involve working in the proximity of animals.)

I understand that it is a condition of Work Experience that the student shall not receive any payment, and is not entitled to the benefits of National Insurance (Industrial Injuries) Act in the event of an accident while taking part in this scheme.

I have read the letter to parents/guardians, and I am willing for my son to participate in a Work Experience Scheme for the purpose of gaining experience in the world of work and also understand that the information I have provided above will be communicated to the placement provider in order for an appropriate risk assessment to be undertaken.

Signature of Parent/Guardian ..... Date .....

Please return to your Work Experience Co-ordinator, by Wednesday 10th December 2025.