

Norton Knatchbull Grammar School

Parental Consent Form July 2018

To be completed by parent or carer

As parent/carers of (name of student).....

I agree to my son participating in work experience

Medical Information

Please identify any medical problems that may affect the work placement
(e.g. asthma, hay fever, back problems, lack of mobility, dyslexia). Please give details:

.....

Parent/Carer

Name.....

Parent/Carer Signature:.....

Date:-

To be completed by the student

Details of proposed placement arranged by you:- (Subject to satisfactory Health & Safety approval)

I agree to:

- hold in confidence any information about the employers business which I might obtain during the placement
- observe all safety/security and other regulations as laid down by the employer

Student Signature.....Date:-

Full address:-.....

Postcode.....Phone number.....

Company name:.....

Contact person:.....

Email address:.....

Please return this form to Mrs Heather Vernon either by email hvern@nks.kent.sch.uk or by post to Norton Knatchbull School, Hythe Road, Ashford, Kent, TN24 0QJ