

# 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/ daughter 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](mailto:hvern@nks.kent.sch.uk) or by post to Norton Knatchbull School, Hythe Road, Ashford, Kent, TN24 0QJ