

**PERMISSION FORM FOR A MINOR TO PARTICIPATE IN AN
OUT-OF-SCHOOL ACTIVITY (Work Experience)**

(This form must be completed, signed and returned to school before a pupil can be allowed to take part in the Work Experience Programme).

STUDENT NAME:

ADDRESS:
.....

FORM:

I hereby give my consent to the above named student at Ercall Wood Academy participating in any visit to an industrial or commercial organisation or out of school activity designed as part of the course of instruction being undertaken.

Signature:

NAME IN BLOCK CAPITALS:

Date:

PLEASE COMPLETE THE FOLLOWING HEALTH DETAILS ABOUT YOUR CHILD

1. Does he/she have any restriction of normal physical activity or games? If so please give details:

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2. Does he/she have any specific learning needs? If so please give details:

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- 3. Has he/she skin allergies or eczema
- 4. Bronchitis, asthma or chest complaints
- 5. Deafness or discharging ears
- 6. Severe short sightedness
- 7. Heart disease and/or shortness of breath
- 8. Diabetes
- 9. A rupture (Hernia)
- 10. Any fits or fainting attacks
- 11. Any colour vision defect
- 12. Any other health problem (please state)

YES	NO

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NOTE: This information will, for the safety of your child, be forwarded to the Employer providing the Placement.

Please return to:

**Mrs T.J. Hoof Cover/Data Manager/Work Experience Manager
Ercall Wood Academy Golf Links Lane, Wellington, Telford, TF1 2DT**