



WORK EXPERIENCE
Parental Consent & Medical Form
 (To be completed with your parent/guardian)

ALL areas MUST be completed

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JFS School
 The Mall, Kenton
 Harrow HA3 9TE
 Facsimile: 020 8206 3120
 www.jfs.brent.sch.uk

Student Name <i>(in caps please)</i> :				Date of Birth:							
Home Address: <i>(in caps please)</i>							Tutor Group:				
	Post Code:				Home Tel. No.:						
Dates of Work Experience:			From:				To:				
Company Name: <i>(in caps please)</i>											
Company Address: <i>(in caps please)</i>											
	Post Code:										
Contact Name:								Mr/Mrs/Ms/Miss/Dr/Other: <i>(delete as applicable)</i>			
Contact Job Title:											
Contact Tel. No.:								Contact Email:			
Nature of Business:		Medical / Media / Retail / Legal / Education / Financial / Property / Science / Marketing / Charity / IT / Construction / Sport / Fashion / Architecture / Engineering / Politics Other: _____									

1.	Name, address and telephone number of your GP:								
2.	Do you suffer from asthma, heart trouble, diabetes, fits or faints, allergies, migraine, any other form of illness or disability or do you have any special medical requirements?								
		YES / NO		If YES, please give details:					
4.	Are you receiving medical treatment at present?								
		YES / NO		If YES, please give details:					
5.	Date of last tetanus injection if known:								

AUTHORITY TO CONSENT TO MEDICAL TREATMENT

1. In the event of illness or any accident requiring emergency treatment of _____ *(student's name)*, I authorise the employer to sign, on my behalf, any written form of consent required if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

Signed <i>(Parent / Carer)</i> :						Date:			
2. I give permission for _____ <i>(student's name)</i> to attend work experience.									
Signed <i>(Parent / Carer)</i> :						Date:			

Two signatures are required on this form – Please return the form to Mrs Marx, Sixth Form Administrator (M110)