



North Leamington School Sixth Form

**Year 12 Work Experience CONSENT FORM –
TO BE RETURNED to the Sixth Form Office or emailed to
sixthform@northleamington.co.uk**

I (please print)..... being the parent/carer of

(Student Name)Tutor Group.....

give my consent to them taking part in the Work Experience and associated activities of North Leamington School. I have outlined below any medical issues that need to be considered.

Signed: (Parent/Carer) Date:

Print Name

Does your child	Yes / No	Details
Have any restrictions of normal physical activity or games?		
Have skin allergies or eczema?		
Have any food or other allergy (e.g. peanut etc)?		
Have bronchitis, asthma or chest complaints		
Have a hearing disability or discharging ears?		
Have heart disease affecting capacity for physical tasks?		
Have diabetes?		
Experience fits or fainting attacks?		
Have significant colour vision defect or other visual disability?		
Have a learning disability which might affect their ability to understand or act on instructions?		
Have any other health problems (including the need for regular medication)? If so please state.		

If you have answered Yes to any of the above questions please sign below to confirm you or your child will share the information with the work experience placement if applicable / where appropriate so they are aware.

Signature Date

Print Name

**Please return this form by Friday 28th March 2025 to
sixthform@northleamington.co.uk**