



Chipping Sodbury School

Bowling Road, Chipping Sodbury
South Gloucestershire BS37 6EW

Headteacher: Ms K Turner BEd (Hons)

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MEDICAL INFORMATION SHEET

| | |
|------------------------------|--|
| Work Experience Placement at | |
| Date: | |

| | |
|-------------------------------------|--|
| Name | |
| Tutor Group | |
| Date of Birth | |
| Home telephone no (with STD code) | |
| Emergency contact 1 (name & number) | |
| Emergency contact 2 (name & number) | |

| | |
|----------------------------------|--|
| Name of Doctor | |
| Address of Doctor's Surgery | |
| Phone number of Doctor's Surgery | |
| Date of last Tetanus injection * | |

* The school nurse strongly advises all students to have a tetanus booster before work experience where necessary

| | |
|--|--|
| Any allergies | |
| Any significant medical/personal information | |
| Details of any regular medication | |
| Special dietary requirements | |

DECLARATION

- 1. I agree that my child may participate in work experience.**
- 2. I agree that my child is fit to participate in work experience.**
- 3. I give permission for any emergency medical treatment which may be necessary whilst my child is away from home.**
- 4. I give permission for my child to travel in a vehicle provided seat belts and insurance are in place.**
- 5. I understand that this information may be shared with the employer.**

| | | |
|--------------------------|-----------------------------|------|
| | | |
| Signature (Parent/Carer) | Name (please print clearly) | Date |

Please complete return to Mrs Callaway at Chipping Sodbury School
A copy will be given to you to give to the Employer on the first day.