



Chipping Sodbury School

Bowling Road, Chipping Sodbury
South Gloucestershire BS37 6EW

Headteacher: Ms K Turner BEd (Hons)

Telephone: 01454 862900

Fax: 01454 862901

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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.

MEDICAL INFORMATION SHEET

| | |
|---------------|--|
| WEX placement | |
| 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

| | |
|--|--|
| 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 |



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Deputy Headteacher: Mrs J Howe
Assistant Headteachers: Mrs L Davies, Mr K Milburn

Committed to aspirational learning