



Chipping Sodbury School

Bowling Road, Chipping Sodbury
South Gloucestershire BS37 6EW

Headteacher: Mr R Skipp BA (Hons)

Telephone: 01454 862900

Fax: 01454 862901

email:emma.callaway@chippingsodburyschool.com

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

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