

Year 10 Work Experience Parental Consent
Monday 8th to Friday 12th July 2024

Student name:		AM:	
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I agree to my child taking part in the work experience programme during the above dates.

As the parent/ carer of _____ I confirm that I am willing for them to participate in work experience with an employer for the agreed period of time.

I also confirm that my child is medically fit to undertake the placement, and that they do not suffer from any medical condition which could result in unnecessary risk to their health and safety, or that of the other employees.

I confirm that if my child leaves the employer's premises during lunch break periods, no liability can be accepted by the employer or the school for any incident that may occur. Once on the placement, parents should discuss the arrangements for lunch and break periods with their child and make sure they are suitable.

Signed: _____ (Parent/ Carer)

Date: _____

Should you have any further queries please contact Ms Sehdev - rsehdev@park-aspirations.org

All completed forms should be returned by Friday 3rd May