



Work Experience For Year 10 Pupils 2018

Parental Consent Form

I, _____ (Name of Parent/Guardian)

Give my consent for my son/daughter;

Name _____ Form _____

to participate in the Work Experience programme from 9TH JULY – 13TH JULY 2018.

I understand that no payment in respect of work done may be made although employers may offer assistance with fares and lunches if they so wish.

I know of no medical reason why _____ (name of pupil) should not take part in Work Experience. If there are medical considerations/special needs which may affect the type of placement which would be suitable, please indicate here: _____

I understand that this form is to be signed and returned **NO LATER THAN Friday 12th January 2018** to Mrs. Warren, St Mary's Careers Co-Ordinator.

I agree to the school's applying to Hertfordshire County Council's Insurers for Personal Accident Cover to meet circumstances where no other liability can be attributed.

Signed: _____ (Parent/Guardian)

Date: _____