



YEAR 10 WORK EXPERIENCE WEEK MONDAY 29 JUNE – FRIDAY 3 JULY 2020

EMERGENCY CONTACT/ MEDICAL DETAILS

Student name _____

Form _____

Please tick either box A or B:

A I confirm that all details held by the school on the Year 7 “Gold Form” concerning emergency contact telephone numbers and/or medical conditions affecting my child are correct, or that I have already notified the school of any changes.

B Please note the following change(s) to the above details, which is/are:

for the work experience only

permanent

I give consent for the attached medical and contact details, and any other information which the school deems necessary in order to protect my child’s safety and well-being whilst on work experience to be passed to my child’s work experience employer and, if necessary, to YC Hertfordshire.

Signed _____

Parent/Carer (delete as appropriate)

Print Name _____

Date _____