



# HEANOR GATE SCIENCE COLLEGE

“Develop all learners to achieve their full potential”

“Create a culture of aspiration”



## Parent/Carer Consent & Information Disclosure Form

Student Name / RG \_\_\_\_\_

### Health and Safety - Medical Questionnaire:

Please read through the following points and provide any relevant information that will be passed onto the employer to ensure that, as far as is reasonably practicable, students are not exposed to unnecessary risks as a result of these conditions.

- Restrictions of normal physical activity or games
- Skin allergies or eczema ( or any other allergies)
- Bronchitis, asthma or chest complaints
- Hearing disability or discharging ears
- Heart problems or disease affecting capacity for physical tasks
- Diabetes
- Fits or fainting attacks
- Significant colour vision defect or other visual disability
- Learning disability, which may affect their ability to understand or follow instructions
- Health problem (including the need for regular medication)

Other relevant information

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Supplied information will only be disclosed to the relevant parties.

I have completed the relevant information and consent for the above student to undertake an approved work experience placement.

Signed \_\_\_\_\_ Please print name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_