**Parental Consent / Health Questionnaire**

**Form of permission for a minor to participate in Work Experience**

I (name of parent / guardian):

of (address)

Parent / Guardian of (name of pupil):

Tutor Group:

who is a pupil at The Corbet School; hereby give my consent to his / her participation in Work Experience. I am also aware that the work experience dates for 2020 are Monday 6th July to Friday 10th July inclusive and understand that these are not negotiable.

Signature: Date:

Has your son / daughter a medical condition which should be taken into account when choosing a work experience placement?

YES / NO (please delete as appropriate)

If YES, please give details:

**Please return to Mrs Smith (via the school office post box) as soon as possible**