

YEAR 10 WORK SHADOWING
Wednesday 4 July and
Thursday 5 July

PARENTAL CONSENT
FORM

Please complete and return this form to the front office by Monday 4 June.

Student's name: Form:

will / will not* be taking part in the project

and will be work shadowing mother / father / nominated guardian* :

.....
(name)

At:
(name of organisation)

Please tick as appropriate:	Yes	No
I give my consent for my son/daughter named above to take part in the School's Work Shadowing Programme		
I will take full responsibility for my son's / daughter's welfare on the day		
I understand that no payment in respect of work done may be made		
I know of no medical reason why my son / daughter should not take part in work shadowing		
<i>If there are any medical considerations / special needs that may affect the type of placement which would be suitable, please indicate below:</i>		

Signed: Date:
(Parent/Guardian)

****Please delete as applicable***