#  PARENTAL CONSENT FORM – ‘TAKE YOUR CHILD TO WORK’ DAY

Please complete as applicable:

🞏 I am sorry but I shall not be able to take my child to work

**Name: Form:**

🞏 I will be able to take my child to work and I acknowledge receipt of and understand the information regarding the proposed visit to:

**Name of Company …………………………………………………………………………………………..**

**Address of Company………………………………………………………………………………………..**

**……………………………………………………………………………………………………………….….**

**Telephone number of Company …………………………………………………………………….........**

**Contact name at the Company ……………………………………………………………………...…….**

**And consent to (name of student)………………………………………… Form ………**participating.

I will ensure that he/she understands that it is important for his/her safety and for the safety of others that my child must behave in a responsible way and obey any instructions given by staff.

**I am in agreement that the employer/staff supervising the visit, may give permission for my son/daughter to receive medical treatment in an emergency and I have passed all important medical requirements onto the employer.**

Please indicate in the box below if your child has a medical condition which may require specialist attention in the event of an emergency e.g. diabetes, epilepsy, severe asthma or severe allergic reaction (please outline).

Student signature ……………………………………………………. Date…………………………...

Parent/Guardian name …………………………………………………………………………………….

Parent/Guardian signature ……………………………………………... Date ...………………………...

Emergency Contact Telephone Number ………………………………………………………………….

**Please return to your son/daughter’s form tutor no later than Friday 29th November 2019.**