



**Corby Technical School**

**PARENT/CARER CONSENT FORM**

I acknowledge receipt of and understand the information regarding the work experience/work shadowing opportunity:-

**Name of student:** \_\_\_\_\_ **Tutor Group** \_\_\_\_\_ **who will be going to:-** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Address of Company:** \_\_\_\_\_

**Telephone number of Company:** \_\_\_\_\_

**Contact name at the Company:** \_\_\_\_\_

**Dates agreed:** \_\_\_\_\_

I will ensure that he/she understands that it is important for his/her safety and for the safety of others that they are representing themselves and Corby Technical School and must behave in a responsible way and obey any instructions given by staff.

I am in agreement that the designated member of staff at school may give permission for my son/daughter to receive medical treatment in an emergency should I not be available.

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

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Carer name: \_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent /Carer Emergency Contact Telephone Number: \_\_\_\_\_

School emergency number: 01536 213100