

Year 10 Work Shadowing Day Parental Consent Form Wednesday 14 July 2021

NAME OF PARENT	
NAME OF STUDENT	
STUDENT'S DATE OF BIRTH	
STUDENT'S FORM	

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 / 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		
If there are any medical considerations / special needs that may affect the type of placement which would be suitable, please indicate below:		

SIGNATURE OF PARENT	
DATE	
I understand that I am representing The Astley Cooper School whilst taking part in work shadowing and I agree to abide by the school contract and conduct myself in an appropriate manner.	
SIGNATURE OF STUDENT	
DATE	

IMPORTANT

PLEASE RETURN IN AN ENVELOPE MARKED WORK SHADOWING FOR THE ATTENTION OF DR RYDE BY **WEDNESDAY JUNE 30** (Ideally with the work placement health and safety declaration if possible)