



UFFCULME SCHOOL

RISK ASSESSMENT FORM

PUPIL INFORMATION:

Pupil's Name: _____ **Tutor Group:** _____

Please complete and sign this section of the form which gives health information and your agreement to work experience, and return it to school so that we can begin to arrange Work Experience placements.

Does your daughter/son have a health problem in any of the following areas which would affect them doing their work experience placement? [Please tick]

- Restrictions for normal physical activity or games
- Skin allergies, eczema, other allergies [e.g. nuts]
- Bronchitis, asthma, chest complaints
- Hearing problems or ear discharge
- Heart disease that affects their ability to do physical tasks
- Diabetes
- Fits or fainting attacks
- Any significant visual problems such as colour vision deficiency
- Learning disability which may cause them not to understand instructions
- Any other health problem [including need for regular medication].

If you have ticked any of the above please give details:

- There are no health reasons affecting my daughter/son's ability to take this placement.

Age of pupil at time of Work Experience: _____

Signed: _____ Parent/Guardian

Date: _____