



# HENLEY-IN-ARDEN SCHOOL

*Achieving Excellence Together*

Associate Headteacher Mr Joseph Roper

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## Work Experience Student Health Questionnaire

### Work Experience Need to Know Health Issues

Name of student:
Name of employer:
Dates of work experience: From: 15 <sup>th</sup> July 2024 To: 19 <sup>th</sup> July 2024

If you answer YES to any of the questions, please provide further details of the condition on this form or on an extra sheet of paper.

	NO	YES
Have any restrictions of normal activities or games? E.g. bronchitis or asthma		
Have food, skin or other allergies? E.g. eczema, nuts allergy, penicillin allergy		
Have a hearing impairment?		
Have a visual impairment?		
Have any other health problems? (including the need for regular medication)		
Requires assistance with understanding and acting on instructions		

**This information will be passed on to your son / daughter's work experience placement for their confidential use. Please note that Warwickshire Local Authority and Henley in Arden School cannot be held responsible for any eventuality arising if you do not provide essential health information.**

Signed:..... (Parent / Guardian) Date:.....

Please return this form to in the Pastoral office.