



Medical Condition

Pupil Name		Medical					
Form		Condition					
Medication		Dosage					
required		Dosage					
		<u> </u>					
Would you like the medication to be held and administered by school staff?							
And the are converged file are expenses are expenses and a							
Are there any specific emergency arrangements?							
Does your child need any further assistance or intervention?							
The information that you provide on this form will enable the school to provide your child with the necessary support for their medical condition.							
This information will only be shared with staff within the school who need this information to be able to assist your child, for example; First Aid Staff, School Nurse, PE Staff, trip leaders etc. it will be processed in a confidential manner and kept securely at all times. For further information							
about how we process pupil information please see our full Privacy Notices on our website at this link; www.emmausmac.com							
Downt Name	1	Douant	I				
Parent Name		Parent					

Registered Office Hagley Catholic High School Brake Lane, Hagley Worcs, DY8 2XL

Date

Tel: 01384 210 542 www.emmausmac.com info@emmausmac.com



