

Medical Condition

| | | | |
|----------------------------|--|--------------------------|--|
| Pupil Name | | Medical Condition | |
| Form | | | |
| Medication required | | Dosage | |

| |
|---|
| Would you like the medication to be held and administered by school staff? |
| |
| Are there any specific emergency arrangements? |
| |
| Does your child need any further assistance or intervention? |
| |
| <i>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</i> |

| | | | |
|--------------------|--|-------------------------|--|
| Parent Name | | Parent Signature | |
| Date | | | |



