



HAGLEY CATHOLIC HIGH SCHOOL

Part of the St Nicholas Owen Multi Academy Company

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; https://www.stnicholasowen-mac.org.uk/</i>

Parent Name		Parent Signature	
Date			

Please complete and return to Mrs A Billinge – First Aid Lead