



Hagley Catholic High School
Part of the St Nicholas Owen Multi Academy Trust

Agreement for School to Administer Medication

School Name	Hagley Catholic High School	
School Principal	Mrs S Horan	
<u>Pupil Details:</u>		
Name of Pupil		
Date of Birth		
Class/Group/Form		
Medical Condition		
Medication Details:		
Name of medication (as described on container)		
Date Dispensed		
Expiry Date		
Agreed Review Date (initiated by identified staff member)	Mrs A Billinge	
	Review Date	
Administration:		
Dosage and Method		
Timing		
Special Precautions		
Self-Administration – please circle		
	Yes	No
Please turn over page		
Procedures in an emergency		



Hagley Catholic High School
Part of the St Nicholas Owen Multi Academy Trust

Emergency contacts	
1. Name	
Relationship to Pupil	
Telephone Numbers	
Home	
Mobile	
Work	
2. Name	
Relationship to Pupil	
Telephone Numbers	
Home	
Mobile	
Work	
<ul style="list-style-type: none">• The above information is to the best of my knowledge, accurate at time of writing and I understand that I must notify the school of any changes in writing.• I the undersigned consent to the administration of the prescribed medicine as detailed overleaf.	
<p>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/</p>	
Parent/Carers Name	
Parent/Carers Signature	
Date	
I consent to Staff Administering the above medication to me	Signature of Pupil (where ever possible)