



# HAGLEY CATHOLIC HIGH SCHOOL

Part of the St Nicholas Owen Multi Academy Company

## Agreement for School to Administer Medication

<b>School Name</b>	Hagley Catholic High School
<b>School Principal</b>	Mrs S Horan
<b><u>Pupil Details:</u></b>	
<b>Name of Pupil</b>	
<b>Date of Birth</b>	
<b>Class/Group/Form</b>	
<b>Medical Condition</b>	
<b><u>Medication Details:</u></b>	
<b>Name of medicine (as described on container)</b>	
<b>Date Dispensed (if dispensed)</b>	
<b>Expiry Date</b>	
<b>Agreed Review Date (initiated by identified staff member)</b>	<b>Staff Name</b> <b>Review Date</b>
<b><u>Administration:</u></b>	
<b>Dosage and Method</b>	
<b>Timing</b>	
<b>Special Precautions</b>	



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<b>Side effects that school needs to know about</b>	
<b>Self-Administration – please circle</b>	<b>Yes</b> <b>No</b>
<b>Procedures in an emergency</b>	
<b><u>Contact Details:</u></b>	
<b>Name</b>	
<b>Relationship to Pupil</b>	
<b>Daytime Phone Numbers</b>	
<b>Address</b>	
<ul style="list-style-type: none"><li>• 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.</li><li>• I the undersigned consent to the administration of the prescribed medicine as detailed overleaf.</li></ul>	
<b>Parent/Carers Name</b>	
<b>Parent/Carers Signature</b>	
<b>Date</b>	
<b>I Consent to Staff Administering the above to me:</b>	<b>Signature of Pupil (where ever possible)</b>