



North Cestrian School
Student Health Care Plan

Student name	
Date of birth	
Student's Address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to student	
Phone no. (mobile)	
(work)	
(home)	
Name	
Relationship to student	
Phone no. (mobile)	
(work)	
(home)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	



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Describe medical need and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)