



# Christ the King Catholic Voluntary Academy

## Student Health Care Plan

### Student Information

Full Name		Class	
Date of Birth			
Medical Diagnosis / Condition			
Date			

Describe the medical needs and give details of students symptoms:

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



# Christ the King Catholic Voluntary Academy

## Student Health Care Plan

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

### Emergency Contact Information

Emergency Contact Name:

Emergency Contact Number:

Emergency Contact Name:

Emergency Contact Number:

GP Name:

GP Contact Number:

### Medication

Please advise us of any medications the student needs/takes:



# Christ the King Catholic Voluntary Academy

## Student Health Care Plan

### Additional Information

Please advise us of any additional information which you may think we need to know:

**Please return this form to the Support Services Manager at Christ the King.**

Parent/Guardian Name

Signature:

Date: