

T: 01462 416243
E: pixbrook@bestacademies.org.uk
W: www.pixbrookacademy.co.uk



Pix Brook Academy, Arlesey Road, Stotfold, Bedfordshire SG5 4HB

STUDENTS HEALTH CARE PLAN

Student Details

Student's Name	
Year Group / Tutor	
Date of Birth	
Student's Address	
Medical Diagnosis/Condition	
Date of Diagnosis/Condition	

Family Contacts

<u>Contact Name 1 and Relationship to Student</u>	
Contact number 1	
Contact number 2	
<u>Contact Name 2 and Relationship to Student</u>	
Contact number 1	
Contact number 2	

Clinic/Hospital Contact

Name	
Phone No.	
GP Name	
Phone No.	

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Medication

Medication	Dosage and Method	Timing	Expiry Date

Describe medical needs and give details of the child's symptoms, triggers, signs, treatments, equipment needed.

Describe an emergency situation and what action should be taken if this occurs

Who is responsible in an emergency to call



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Daily Care Requirements

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Follow up Care

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Additional Useful Information

Other Diagnosis	
Allergies	
Special Considerations	
Triggers	

Parent Signed	
Staff Signed	
Date	