Student Health Care Plan

Student Name: [Student's Name]

Date of Birth: [Date of Birth]

School Name: [School Name]

Grade: [Grade/Class]

1. Medical Diagnosis

[Brief description of medical condition]

2. Medications

- **Medication Name:** [Name]
- **Dosage:** [Dosage]
- **Administration Times:** [Times]
- **Prescribing Physician:** [Name]

3. Emergency Action Plan

[Instructions for emergency situations]

4. Special Accommodations

[Description of any needed accommodations]

5. Parental Contact Information

Parent/Guardian Name: [Name]

Contact Number: [Number]

Email: [Email]

6. Signature

Parent/Guardian Signature: _____

Date: _____