

SUSSEX COUNTY PUBLIC SCHOOLS

CARDIAC HEALTH CARE PLAN

Please return this cardiac health care plan to your child's school nurse

Student: _____ **Birth Date:** _____ **School Year:** _____

School: _____ **Homerroom Teacher:** _____ **Grade/Team:** _____

EMERGENCY CONTACTS:

Parent/Guardian/Contact	Relationship	Phone Number	Alt Phone Number

Primary Healthcare Provider:	Phone Number:
Cardiologist:	Phone Number:

Cardiac Disorder: _____

Cardiac Procedures/Operations: _____

Allergies Yes No If yes, describe: _____ Asthmatic? Yes No

Baseline: Pulse _____ B/P _____ O2 Saturations _____ Other _____

My Child may experience the following symptoms (please check)

- "Feels like heart is beating too fast"
- Short of Breath
- Changes in Color around mouth or lips or nail beds Dizziness

The following may indicate a worsening of this child's cardiac disease (please check)

- Decreased level of consciousness
- Clammy, cool skin
- Dizziness
- Shortness of breath
- A marked change in color: pale or blue
- Chest pain
- Other - Describe: _____

MEDICATIONS (including daily and emergency medications):

Medication Name	Dosage (amount)Time	When to Use	Given at School yes/no

SPECIAL CONSIDERATIONS AND PRECAUTIONS (including school activities, sports, and trips):

The following recommendations are based on the student's cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of the general medical evaluation. Our recommendations are as follows (please check):

- No restrictions (includes interscholastic athletics and contact sports)
- Moderate exercise: Includes physical education classes and recreational sports
but should avoid activities, which require maximum or sustained effort
- Light Exercise: includes non-strenuous recreational games such as swimming, jogging, or golf.
- Must be permitted to determine his/her own level of activity and stop to rest as needed
- No physical education classes
- Other: _____

CARDIAC EMERGENCY

The steps that should be taken for a cardiac event are:

1. Check for pulse, respirations, O2Saturation, and level of consciousness.
2. _____

If there is a decreased level of consciousness or absent pulse or respirations

1. Call 911 or delegate
2. Begin CPR and obtain AED if available
3. Contact parent/Guardian
4. Have someone obtain paperwork with personal information to go with student

► **Physician's Signature** ◀ _____ **Date:** _____

PRINT Physician's Name: _____ **Telephone Number:** _____

I, this child's parent/guardian, authorize disclosure of information to be shared with pertinent school staff so that my child's medical needs may be served while in attendance in the Sussex County School District. This authorization expires as of the last day of the school year.

► **Parent/Guardian's Signature** ◀ _____ **Date:** _____

