

Owatonna Public Schools

Cardiac Care Plan

We understand that your child has a cardiac condition identified as _____ which could require emergency medication or care. In order to plan for your child's care, we need the following information. Please discuss this with your physician and child so all understand and agree about what will happen in the event of an emergency. **If in the judgment of school personnel, a medical emergency exists, 911 will be called.**

Student Information

Name of Student: _____ Date of Birth: _____
Grade: _____ Homeroom Teacher or Class: _____

Describe Condition (for example, symptoms of onset): _____

Emergency Information

Parent or guardian name (s'): _____
Mother: Telephone (H): _____ (W) _____
Father: Telephone (H): _____ (W) _____
Physician's name: _____ Telephone: _____

In case of emergency, contact:

1. _____ Telephone: _____
2. _____ Telephone: _____
3. _____ Telephone: _____

Emergency Plan

List in order the steps to be taken in the event of an emergency; steps might include giving prescribed medications, calling 911, or calling parents.

1. _____
2. _____
3. _____
4. _____
5. _____

Please note, if medication is to be given it must be accompanied by a physicians order and consent from the parents – see enclosed “Medication Request and Authorization” form.

Parent/guardian signature: _____ Date: _____

Reviewed by health office: _____ Date: _____