

**INDIVIDUAL HEALTH PLAN/ EMERGENCY CARE PLAN FOR STUDENT WITH
CARDIAC CONDITION**

**HEALTH CARE PROVIDER AND PARENT PLEASE COMPLETE THIS FORM AND RETURN TO YOUR CHILD'S SCHOOL
TO BE RENEWED EACH SCHOOL YEAR**

(If you need assistance completing this form, contact the Licensed School Nurse)

Student Name _____ Birth Date _____

School _____ Grade _____ Teacher _____ School Year _____

Warning Signs and Symptoms of Cardiac Problems

- | | | | |
|--|--|-----------------------|------------|
| •Decreased level of consciousness | •Clammy, cool skin | •Vomiting | •Headaches |
| •Shortness of breath | •Fainting or Dizziness | •Numbness or Tingling | |
| •Chest pain or Pressure | •Alteration in Speech, Vision,
Hearing, Balance, Coordination | •Trembling | |
| •Seizures | •Fatigue or Marked Weakness | •List Others: _____ | |
| •Swelling of the abdomen, legs or feet | •Pale or Bluish skin color | _____ | |

Emergency Protocol

*If student experiences any of the above symptoms but is **conscious, alert, and in no apparent urgent distress**:*

1. Assist student to seated or lying position.
2. Have student take slow deep breaths
3. Call parent immediately.
4. Student should never be alone when having symptoms.

*If student is **unconscious, unresponsive, faints, or has difficulty breathing**:*

1. Call 911 immediately.
2. Send someone to retrieve AED
3. Trained Personnel may administer CPR. Use AED if necessary.
4. Provide this plan to EMS.
5. Student should never be alone when having symptoms.
6. Notify parent and district nurse.

Parent/Guardian Consent: *I consent for school personnel to take action for the safety and welfare of my child. I give permission for the school nurse to communicate the information, in this health plan, with school personnel, emergency medical personnel, and other school-related personnel or volunteers responsible for the care of my child. I give permission for the medical provider and the district nurse to have two-way communication about my student and my signature authorizes the medical provider to review, modify, and sign this plan. I understand that it is my responsibility to notify the school nurse to update the information in this plan as needed.*

Current activity restrictions or other precautions: _____

This Health Care Plan / Emergency Care Plan is appropriate for School.

Parent/Guardian Signature: _____ **Date:** _____

LICENSED SCHOOL NURSE SIGNATURE: _____ **Date:** _____