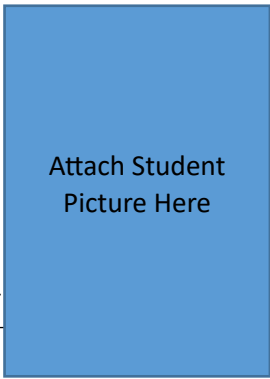


**Chester Community Charter School
Cardiac Individual Health Care Plan**



Student's Name: _____ School Year _____

DOB: _____ TEACHER _____ RM _____ GRADE _____

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 _____

Student has the following other health conditions/disabilities:

Student Limitations or Special Considerations: _____

Emergency Contacts:

Parent/ Guardians:

1. Name: _____
Home# _____ Work _____ Cell _____
2. Name: _____
Home# _____ Work _____ Cell _____

Other Emergency Contact if parent/ guardian is unavailable:

Name _____ Relationship _____ Tel # _____

Primary Care Provider: _____ Tel # _____

Cardiologist: _____ Tel # _____

Cardiac Individual Health Care Plan

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

1. Check for pulse, respirations, O2 saturations 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 an AED if available.

3. Contact Parent/Guardian

4. Have someone obtain paperwork with personal information to go with the student.

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.

ALL CURRENT MEDICATIONS

Name	Dose	Purpose	Schedule

Added Comments:

Physician Signature: _____ Date _____

Parent Signature: _____ Date _____

Nurse Signature _____ Date _____

Please Note: There is NO nurse available during before school & after school programs and organized activities. If an emergency arises, staff will activate the emergency medical system and the student will be taken to the nearest hospital.