



Heart Murmur/Heart Condition Care Plan

Student:	DOB:	Parent/Guardian:
Today's Date:		Home Phone:
Bus #:		Work Phone:
Grade:	Teacher:	Cell Phone:

Cardiologist (heart doctor): _____ Phone: _____

Please complete the information below to help us better caring for your child at school:

1. Heart Murmur:

_____ Innocent/Benign Murmur (Does not require any medical intervention/care, medication, or limitation of activities.

_____ Other, more serious murmur or condition that requires limitation of physical activity, and/or antibiotics before dental work or procedures.

2. Other Heart Condition:

_____ Irregular rate or rhythm (Supraventricular tachycardia (SVT) –fast rate or Bradycardia – slow rate, etc.)

_____ Other heart condition, please specify: _____

3. Age when child diagnosed: _____

4. Last appointment with heart doctor? _____

5. List restrictions for your child at school:

*** A doctor's note is required for a child to have P.E. limitations**

6. Does your child take antibiotics prior to dental procedures? _____ Yes _____ No

7. List any questions or concerns you may have regarding your child's health:

Parent/Guardian Signature: _____ Date: _____

8. Healthcare Provider Comment, if applicable:

Healthcare Provider Signature _____	Phone _____
Printed Name _____	Phone _____
Nurse Signature _____	Date _____