CARDIAC
Emergency Care Plan / 504

Student Photo

Student Name:	DOB:	
School:	School Year:	Grade:
Advisor	Transportation: ☐ Walker ☐ Car ☐ Bus Rider – Bus number:	

MEDICAL HISTORY

Medical Diagnosis: ____________________

Cardiac History: ____________________

Cardiac Monitor: ☐ Yes ☐ No   Defibrillator or Pacemaker: ☐ Yes ☐ No

MEDICATION ORDERS

This section to be completed by a LICENSED HEALTHCARE PROVIDER (HCP)

Daily Medication at School:

Name of medication: ____________________ Dosage: ____________________

Route of Administration: ____________________ Time(s) to be given: ____________________

Purpose of medication: ____________________

Student may carry and self-administer daily medications: ☐ Yes ☐ No

PE/Activity Restrictions: ☐ Yes ☐ No – if **yes**, please indicate: ____________________

____

72-Hour Medications:

Medication required in the event of a major disaster at school. 72-hours of ____________ medication, dose: ____________, time(s): ____________ Route: **Oral**

Healthcare Provider's **Signature**: ____________________ Date: ____________

Healthcare Provider's Printed Name: ____________________ Phone #: ____________
Fax #: ____________

EMERGENCY INTERVENTION

When Student Experiences this:		*Do this:*
Shortness of breath Chest pain or Pressure Clammy, cool skin Seizures Swelling of the abdomen, legs or feet Dizziness	Numbness or Tingling Pale or Bluish skin color Vomiting Headaches Trembling Fatigue or Marked Weakness	1. Assist student to seated or lying position. 2. Call nurse 3. Have student take slow deep breaths 4. Call parent/guardian immediately. **Do not leave student unattended**

Severe - When Student Experiences this:	*Do this:*
Fainting or collapse with any known heart condition Decreased level of consciousness Extreme chest pain Tachycardia that does not resolve Irregular heart rate Difficulty breathing Student is unconscious Edema	1. Call 911 immediately. 2. Send someone to retrieve AED 3. Start CPR if unresponsive 4. Call school nurse 5. Notify parent/guardian **Do not leave student unattended**

EMERGENCY CONTACTS		
Name	**Phone**	**Relationship**
1.		
2.		
3.		

PARENT/GUARDIAN CONSENT – You must complete and **SIGN**

☐ I request that authorized school personnel assist my child to take the medicine(s) described above. (if no box is checked, this option is the default.)

☐ I request that my child be permitted to self-administer the medicine(s) described above. I will hold harmless and indemnify the District, its officers, employees and personnel against all claims of liability arising out of the student's self-administration or carrying of medication.

☐ I am at least 18 years old and sign this form on my own behalf (RCW 26.28.015 or RCW 70.02.130).

☐ I consent to the evaluation and accommodation plan here provided, and have received a copy of Section 504 Parent/Student Rights.

My signature indicates my permission for the exchange of information between school staff and the health care provider, and my understanding that the District and school staff will not incur any liability for any injury when the medication is administered in accordance with the health care provider's direction and Washington law. I understand that if this is a plan for a life-threatening condition it can only be discontinued, in writing, by a healthcare provider.

The permission to possess and self-administer medication may be revoked by the school nurse if it is determined that your child is not safely and effectively possessing and self-administering medication.

It is strongly recommended that extra medication be provided and stored in the school heath room.

Parent/Guardian Signature: ________________________________ **Date:** ☐ Parent/Guardian Signature on File

School Nurse – *Complete this section.*	
Student has demonstrated to the school nurse the skill necessary to use the medication and any device necessary to self-administer the medication.	☐ Yes ☐ No

School Nurse: **Date:**

A copy of this plan is available in Skyward and will be kept in the school health room and copies will be given to:

☐ Teachers/Specialists ☐ Transportation ☐ Coach ☐ Other: