



**Tolar ISD Health Services**  
**Parental Authorization- Cardiac/ CV Action Plan**

<b>Parent please answer:</b>	
Special Ed services?	yes / no
Active 504 plan?	yes / no
I would like 504 information	yes / no

**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation:  Car rider  Walker  Drives self  Rides bus # \_\_\_\_\_

Before/After school activities:  Athletics  Band  Club: \_\_\_\_\_  Tutoring

Other \_\_\_\_\_

**Diagnosis/Significant medical history:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Current **Medications** to treat cardiac condition: \_\_\_\_\_

Keep in Clinic?  yes  no

Date of last hospitalization: \_\_\_\_\_

**Treatments/ Procedures/ Devices:**

Oxygen: \_\_\_\_\_

Other: \_\_\_\_\_

**Specific Activity limitations or Restrictions:** Yes/ No (explain):

PE/ Outdoor Activity/ recess: \_\_\_\_\_

Athletics/ Extra-Curricular: \_\_\_\_\_

Other: \_\_\_\_\_

**Does Student Need:**

Medication at school?  yes  no

Fluid Management Assistance?  yes  no

Vital Signs Monitoring?  yes  no

Nutrition Management Assistance?  yes  no

Environmental Mgmt/ safety assistance?  yes  no

Infection Protection Instruction?  yes  no

If you answered yes to any of the above, please provide detail, i.e. vital signs parameters:

\_\_\_\_\_  
 \_\_\_\_\_

Physician- Print Name:	Physician Phone:
Parent/ Guardian Signature:	Parent/ Guardian Phone:

**Standard Cardiac/CV Emergency Plan for School-** Please review and make changes/ additions as needed.

<p><b>Minor Symptoms</b>  <b>If You See Any of These:</b></p> <ul style="list-style-type: none"> <li>• Verbalizes "Feels like heart is beating too fast"</li> <li>• Shortness of Breath</li> <li>• Changes in Color around mouth or lips or nail beds</li> <li>• Dizziness</li> <li>• Other signs/ symptoms</li> </ul>	<p><b>Do This:</b></p> <ul style="list-style-type: none"> <li>• Stop activity</li> <li>• **Student may need rescue/ prescribed medication</li> <li>• Call the Nurse/ Office for assistance: check pulse, respirations saturation, and level of consciousness</li> <li>• Place student in comfortable position</li> <li>• Stay with the Student- <b>DO NOT LEAVE ALONE</b></li> </ul>
<p><b>Severe Symptoms</b>  <b>If You See Any of These:</b></p> <ul style="list-style-type: none"> <li>• Decreased level of consciousness</li> <li>• A marked change in color: pale or blue</li> <li>• Chest pain</li> <li>• Absent pulse or respirations</li> </ul> <p><b>SIGNS/ SYMPTOMS ABOVE MAY INDICATE BLEEDING AND SHOULD NO BE TAKEN LIGHTLY.</b></p>	<p><b>Do This:</b></p> <ul style="list-style-type: none"> <li>• Call or have someone <b>CALL 911</b></li> <li>• Call the Nurse/ Office for assistance</li> <li>• Start CPR if indicated</li> </ul> <p><b><u>CONTACT PARENT AS SOON AS POSSIBLE</u></b></p>

**Additional Instructions:**

**I grant permission to Tolar ISD to follow the above plan for my child. I am giving permission to TISD to contact my physician for additional information as necessary. If the school nurse deems necessary, I grant permission to notify my student's teacher of his/ her health plan.**

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Parent/Guardian Signature

Date