

CARDIAC DISEASE
LICENSED HEALTHCARE PROVIDER ORDERS
EMERGENCY CARE PLAN / IHP / 504 PLAN (on reverse side)

Orders/care plan valid from August 1, _____ through July 31, _____.

Student Name:	Birth Date:	Home Phone #:
Allergies:	Other Health Concerns:	
Parent/Guardian:	Work Phone:	Cell Phone:
Parent/Guardian:	Work Phone:	Cell Phone:
Other Emergency Contact:		Phone:
Preferred Hospital:		Phone:
P.E. Days/Times:		
Routine Medications:		

MEDICATION ORDERS

(Signed by a Licensed Healthcare Provider with Prescriptive Authority)

Medication Name: _____ Dose: _____

When to give: _____ How often to give: _____

Activity Restrictions: From the list below, please cross out any physical activities that your patient may not participate in:

Aerobics	Dance	Horseback Riding	Track – running events
Archery	Diving	Jogging	Ultimate Frisbee
Badminton	Dodge Ball	Martial Arts	Volleyball
Baseball/Softball	Field Hockey	Rowing	Wall Climbing
Basketball	Flag Football	Running - distance	Water Polo
Billiards	Football	Snow Boarding	Wii or X-Box games
Bowling	Frisbee	Snow Skiing – downhill	Other: _____
Cricket	Frisbee Golf	Soccer	
Croquet	Gymnastics	Swimming	
Cross Country	Handball	Tennis	
Cross Country Skiing	Hockey	Track – field events	

- ☐ This student may not participate in any physical activities for medical reasons during the current school year.
- ☐ This student may not participate in any of the physical activities crossed out from: _____ to: _____.
- ☐ This student has no physical activity limitations.

My signature signifies that I have read and approved the Emergency Care Plan (on reverse side). Date: _____

Physician Signature: _____ Phone Number: _____

Print Physician Name: _____ Fax Number: _____

PARENT/GUARDIAN CONSENT

I will allow my student to carry their own emergency medications. ☐ YES ☐ NO

(Continued on reverse)

My signature indicates my involvement in and agreement with the Emergency Care Plan and information provided. I understand that if I do not wish to provide back-up medications for the school, my student will be required to demonstrate to the bus driver or school secretary (if driving or driven to school) that they have their medications on their persons as they board the bus or arrive at school. If they do not have their emergency medications with them, I understand that I will be notified to pick them up from school or bring their emergency medications to school for them. I understand that my student athlete will also have to demonstrate to their coach that they are carrying their emergency medications on their persons in order to participate in athletics.

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

EMERGENCY CARE PLAN / IHP / 504 PLAN

Student Name: _____ Grade: _____ Teacher: _____

Emergency medications are located in: ☐ _____ Medication Cupboard

- ☐ The student locker. Locker #: _____ Combination: _____
- ☐ The student's backpack.
- ☐ The student's bus# _____
- ☐ The student's athletic coaches kit: _____

Medications expire: _____

Medical Problem: Cardiac (heart) problems may result from birth defects, infection or injury. The result is a disruption of normal heart beat which if it continues may lead to "passing out" and death.

_____ normal symptoms in bold type.

IF YOU SEE THIS:	DO THIS:
<u>LOOK FOR:</u> Bluish tinge to skin - lips, nailbeds, inner cheek, face. Paleness. Muscle weakness. Sweating. Holding chest, left arm, neck or jaw. <u>LISTEN FOR:</u> Complaints of severe pain or pressure in chest, behind breast bone or radiating to left arm, neck, back or jaw. Pain is constant and not relieved by change of position or deep breathing. Pain may be described as squeezing, pressing, or choking. <u>FEEL FOR:</u> Weak, rapid, or irregular pulse. Cold, clammy skin.	- Get student into most comfortable position for them. - Call school nurse immediately - ext.2225 - If nurse unavailable - CALL 911. - Remain with student until relieved by EMS or School Nurse. - Notify parent. DO NOT wait to transport student to emergency room until parent arrives.

The severity of symptoms can change quickly. Breathing or heart rate stops.	- If symptoms are increasing in severity: CALL 911 and have them launch the helicopter. - CALL 911 immediately. Begin rescue breathing and CPR until relieved by EMS.
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