

**SENECA VALLEY SCHOOL DISTRICT
CARDIAC ACTION PLAN**

Place
Child's
Photo
Here

STUDENT NAME: _____ **DOB:** _____ **GRADE:** _____ **HOMEROOM:** _____

Primary Diagnosis and Surgical History:

Current Medications:

Health Care Provider to Complete:

Please indicate if condition is life threatening:

- ☐ **No**, this condition is not life threatening. No intervention is needed at this time.
- ☐ **Yes, this is a life threatening condition.** A medication/treatment plan is needed. (Continue below)

Chest pain/ Shortness of Breath:

☐ Vital signs and pulse oximeter checked.

Normal resting: BP _____ Heart rate _____ Pulse Oximeter _____ Resp rate _____

Pacer setting _____

Other Information, Comments, Instructions:

Classroom Information/ Accommodations:

☐ No ☐ Yes Participate in regular P.E. curriculum

Physical Education Restrictions/Please complete attached form

☐ No ☐ Yes Participate in competitive or contact sports.

☐ No ☐ Yes Go outside for other school activities

☐ No ☐ Yes Dietary restrictions (please list):

Symptoms, behaviors or circumstances requiring parent/physician notification:

Emergency Calls

Mother _____ Home _____ Work _____ Cell _____

Father _____ Home _____ Work _____ Cell _____

Emergency Contact _____ Home/Cell _____

Physician Signature _____ **Date** _____

(Required)

Parent/Guardian Signature _____ **Date** _____

(Required)