LIBERTY HILL INDEPENDENT SCHOOL DISTRICT
301 Forrest Street • Liberty Hill, TX 78642 • Phone: 512-690-8180 • Fax: 1 737-734-1715

Cardiac Emergency Action Plan

Student Name _____ Date of Birth _____
ID# _____ Grade _____ School _____ Teacher _____

Diagnosis: _____

Cardiac symptoms **may** include: chest pain, irregular heart beat, pale and/or sweaty skin, dizziness, shortness of breath, bluish color to lips and mouth, loss of consciousness.

Student specific symptoms: _____

Treatment Plan:

- ■Remain with student, keep under constant observation
- ■Allow to rest in position of comfort
- ■Give medication if prescribed
- ■Contact school nurse
- ■Contact parent if: _____
- ■Student specific instructions: _____

Call 911 if:

***Persistent, severe or sudden chest pain**
***Difficulty breathing**
***Persistent or progressive symptoms**
***Loss of consciousness**

_____ _____
Signature of Parent/Guardian Date

_____ _____
Health Care Provider Signature Date

_____ _____
Signature of School Nurse Date

L.H.I.S.D. Cardiac (Heart) History

Student Name _____ Date of Birth _____
ID# _____ Grade _____ School _____
Parent/Guardian Name(s) _____
Mother Telephone Home# _____ Work# _____ Cell# _____
Father Telephone Home# _____ Work# _____ Cell# _____
Emergency Contact _____ Relationship to Student _____
Home Telephone# _____ Work or Cell # _____
Health Care Provider _____ Telephone # _____

1. Give a brief explanation or description of your child's cardiac/heart condition:

_____

_____

2. Is your child's cardiac condition considered life threatening?

☐ No ☐ Yes If yes, by State Law, your child may not attend school until the health care provider orders for this condition have been provided. **Please contact the School Nurse.**

3. Does your child take medication for their cardiac/heart condition?

☐ No ☐ Yes, explain below

Medication Name	Amount	When to Use

4. Does your child have any symptoms related to their cardiac condition?

☐ No ☐ Yes, describe _____

_____

5. If your child has symptoms at school, how do you want the staff to respond?

_____

_____

6. Are there any limitations, restrictions or precautions needed at school?

☐ No ☐ Yes, explain _____

_____

7. Has your child been seen by a cardiac/heart specialist?

☐ No ☐ Yes, Doctor Name _____

Date of last visit _____ Date of next visit _____

8. Has your child ever had, or has as doctor recommended cardiac/heart surgery?

☐ No ☐ Yes, explain _____

Date of surgery(s) _____

9. Does your child have any other health condition(s) we should be aware of?

☐ No ☐ Yes, explain _____

_____

10. This is our emergency plan. If you want us to follow a different plan, please have your health care provider write specific orders.

Call 911 for help if:

- Severe chest pain
- Loss of consciousness
- Skin discoloration/blue
- Pale and/or sweaty

_____ _____
Signature of Parent/Guardian Date