|  |  |  |
| --- | --- | --- |
| Description: Description: Description: Description: Description: Description: Description: C:\Users\stearnsr\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\RI03ZLPU\ISDLogo1.jpg | **CARDIAC** **Emergency Care Plan /504**  |  |
|

|  |  |
| --- | --- |
|   Student Name:  |    |
|   DOB:  |  |  Grade:  |  |
|   School:  |    |  Year:  |   |
|   Teacher:  |  |   |     |

 |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transportation:  |  Car   🗆   |  Walk 🗆 |  Bus  🗆 |   |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Primary Phone:   |    |
| Address:  |   |
| Guardian 1:  |  Name:       |  Work phone:   |  Cell:  |
| Guardian 2:  |  Name:        |  Work phone:   |  Cell:  |
| Physician:  |   |  Phone:   |  |
| Current Medication:  |  |  Allergies:   |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Cardiac Monitor  |  Yes 🗆  No 🗆 Please check the box that applies.  (Please explain)  |
|  |  |
| Defibrillator or Pacemaker  |  Yes 🗆 No 🗆 |
|  |  |

|  |
| --- |
| **HEALTH CONCERN: (Enter Cardiac Diagnosis)**  |
| **Describe Cardiac History below (transplant, surgery, congenital vs. acquired condition).**  |
|  |
| PE/Activity Guidelines  |  |
| Special Precautions    |  |
|   |

|  |  |  |
| --- | --- | --- |
| **CONFIDENTIAL INFORMATION**  |  **page 1**  |  **SHRED PRIOR TO DISCARD**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name:  | **CARDIAC ECP  /504**  | Age:  | Grad Year: |

|  |
| --- |
|  **EMERGENCY INTERVENTION**  |
|   **When Student Experiences this...**  |   **Do this...**  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Signature: |   |  Date: |   |
| School Nurse:  |   |  Date: |   |
|  |   |   |   |
|  A copy of the Health Care Plan will be kept in the school office and copies will be given to all District staff members involved with the student.  |
|   |   |   |   |

|  |  |  |
| --- | --- | --- |
| **CONFIDENTIAL INFORMATION**  |  **page 2**  |  **SHRED PRIOR TO DISCARD**  |