|  |  |  |
| --- | --- | --- |
| 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. | | | |
|  |  |  |  |

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