

Heart Condition Information for School

Student Name: _____ Date of birth: _____ Date: _____

Parent/Guardian: _____ Cell: _____ Work: _____

Health Care Provider treating heart condition: _____ Phone: _____

How often does your Health Care Provider want to see your student for a heart check-up? _____

When did your student last see the Health Care Provider? _____

Do **you think** your student's heart condition may be **life-threatening**? (No (Yes
(If YES, please see the school nurse as soon as possible)

Does your student's **health care provider think** the heart condition may be **life-threatening**? (No (Yes
(If YES, please see the school nurse as soon as possible)

History and Current Status

What is the name of the heart condition?

How long has your student had this condition?

What tests, procedures or surgery has your student had for this condition and when?

What are the signs when your student is having a problem with this condition?

Treatment

What medications or treatments does your Health Care Provider recommend for this condition? (None
MEDS _____

TREATMENTS _____

Does your student have any difficulty with these medications—side effects, doesn't want to take them, etc? (No (Yes, explain:

Will your student need medication at school? (No (Yes - name of Medication _____

If you need medication to be available at school, have you filled out a medication form to be used at school?
(Yes (No, I need to get the form, have it completed and return it to school with any needed medication

If medication is needed at school, have you brought the medication/ treatment supplies to school?
(Yes (No, I need to get the medication/treatment and bring it to school

Does your student have any activity restrictions? (No (Yes, explain:

Emergency Plan

How will school staff know that your student is having a problem with this condition?

What medication or treatment does your doctor recommend when there is an emergency with this condition?

Do you expect the heart condition to impact your student at school? (No (Yes, explain:

In what areas do you have concerns related to your student's heart condition? (None
(Recess/gym class/sports (Field trips (Other:

What do you want the school to do in an emergency?

Parent/Guardian signature _____

Date _____