



HARRISBURG SCHOOL DISTRICT 41-2

Cardiac Care Plan

Student's Name: _____ Birth Date: ____/____/____ M ☐ F ☐

School: _____ Grade: _____ Teacher: _____ Rides Bus: Yes ☐ No ☐

Parent/Guardian Name: _____ Phone: _____

_____ Phone: _____

Emergency Contact: 1) _____ Phone: _____

2) _____ Phone: _____

Physician's Name: _____ Phone: _____

Cardiologist's Name: _____ Phone: _____

What type of Cardiac condition does the student have? (please check all that apply): **Date of Diagnosis:** _____

- ☐ Aortic Stenosis ☐ Coarctation of the Aorta ☐ Congestive Heart Failure ☐ Hypertension
☐ Murmur ☐ Patent Ductus Arteriosus ☐ Rheumatic Heart Disease ☐ Tetralogy of Fallot
☐ Septal Defect ☐ Hypotension ☐ Transposition of the Great Arteries
☐ Other _____

☐ Surgery- Type: _____ When: _____

☐ Additional Information: _____

Signs and symptoms of a Cardiac Episode: (please check all that apply):

- ☐ Chest Tightness or Pain ☐ Shortness of breath or difficulty breathing ☐ Tires easily
☐ Irritability ☐ Change in activity tolerance ☐ Pale skin
☐ Fainting or Dizziness ☐ Blue or grey color around mouth, lips or fingernails
☐ Other _____

1. How often does the student have symptoms of a Cardiac Episode? _____

2. When was the last time the student had a Cardiac Episode? _____

3. Has student been hospitalized? ☐ Yes ☐ No If yes, when? _____

What medication does the student take at home for their Cardiac Condition?

Medication	Dose	How Often

To be completed by Physician.

The following recommendations are based on the student's cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of the general medical evaluation.

Recommendations are as follows (please check):

- ☐ No restrictions (includes interscholastic athletics and contact sports)
- ☐ Moderate exercise: Includes physical education classes and recreational sports but should avoid activities, which require maximum or sustained effort.
- ☐ Light exercise includes non-strenuous recreational games.
- ☐ May determine his/her own level of activity and stop to rest as needed.
- ☐ No physical education classes/recess.

Medication to be administered at school:

Medication	Dose	Time

Steps that are taken for a Cardiac Episode:

- Check pulse, respiration, O2 Sat and level of consciousness
- Notify parent/guardian
- Other:_____

IF there is a decreased level of consciousness or absent of pulse or respirations:

1. Call 911
2. Begin CPR and obtain AED
3. Notify parent/guardian

Comments:

Printed Physician/Cardiologist Name:

Signature:

Date

*** In Harrisburg, EMS will be activated by a call to 911 at which time we will state that we need transport to the hospital by Rural Metro. Harrisburg Volunteer Fire Department is typically first on the scene to further assist.**

*** A Medication and Treatment Authorization Form** must be completed and kept on file in the school health office. New Health Care Plans are completed yearly. Any updates throughout the school year should be submitted to the School Nurse.

** This information will be come part of your child's confidential permanent record. If for any reason you do not wish to respond to part(s) of this form you are under no obligation to do so. Please understand that we are not responsible for injury or illness that may be a result of these omissions.*

By signing below I understand that I am giving my permission to share this information with school staff/trained personnel as needed with strict confidentiality maintained by all. I also give my permission for the school nurse/aide to contact the Primary Care Physician or Neurologist if further information or clarification is needed.

Parent/Guardian Signature:_____ Date:_____

School Nurse Signature:_____ Date:_____