**Cardiac Health Condition**

Student: DOB:

Insert

Student Picture

ID#: Grade:

Parent/Phone #: School:

Physician: Phone:

**General Description and Presentation:**

**Student Specific Information:**

* **Parent concerns or requests**:
* **Activity Restrictions**:
* **Medications at school (to be provided by parent):**
* Location: ☐ School office ☐ Classroom (homeroom) ☐ Student (written parent permission)

**Emergency Protocol**

|  |  |
| --- | --- |
| **If you see this:** | **Do this:** |
| Pause in heartbeatHeart is racing, fluttering, or beating too slowExtreme tiredness | * Have student stop all activity and sit/lie down.
* Encourage slow deep breathing.
* Encourage any techniques specified by student’s doctor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Stay with student.
* Call school nurse and parent.
 |
| Chest pain or discomfort Rubbing/clutching chestShortness of breathDizziness/lightheadednessFainting or near fainting**Unconscious** | 1. **Call 911, and if needed transport to:**
2. **Get an AED (defibrillator).**
3. **Do CPR, if indicated.**
4. **Call school nurse and parent.**
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