**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 heartbeat  Heart is racing, fluttering, or beating too slow  Extreme 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 chest  Shortness of breath  Dizziness/lightheadedness  Fainting 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.** |