

| CARDIAC<br>Individualized Healthcare Plan/Emergency Care Plan  |   |   | School Year  | Picture |
|--|---|---|--|---------|
| <b>STUDENT INFORMATION</b>   |   |   |  |         |
| Student:   | DOB:  | Grade:  | School:  |         |
| Parent:  | Phone: 8  |   | Email:   |         |
| Physician:   | Phone:  |   | Fax:   |         |
| <b>BRIEF MEDICAL HISTORY</b>   |   |   |  |         |
| Medical Diagnosis:   |   |   |  |         |
| Specific Concerns to be addressed at school:   |   |   |  |         |
| <b>Parent:</b> complete the above section, read and sign below, obtain signature from Health Care Provider, and return to school nurse. No accommodations can be made until signed IHP/EAP, medication order, or IEP/Section 504 Plan are on file with the school.   |   |   |  |         |
| As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment. |   |   |  |         |
| Parent Signature:  |   |   | Date:  |         |
| <b>EMERGENCY CARE PLAN</b>   |   |   |  |         |
| <b>Warning Signs and Symptoms of Cardiac Problems</b>  |   |   |  |         |
| <ul style="list-style-type: none"> <li>▪Decreased level of consciousness ▪Shortness of breath ▪Chest pain or Pressure ▪Clammy, cool skin</li> <li>▪Seizures ▪Swelling of the abdomen, legs or feet ▪Fainting or Dizziness ▪Fatigue or Marked Weakness</li> <li>▪Numbness or Tingling ▪Alteration in Speech, Vision, Hearing, Balance, Coordination ▪Pale or Bluish skin color</li> <li>▪Vomiting ▪Headaches ▪Trembling ▪List Others:</li> </ul>  |   |   |  |         |
| <b>If you see this</b>   |   | <b>Do This</b>  |  |         |
| <i>If student experiences any of the above symptoms but is <b>conscious, alert, and in no apparent urgent distress</b>:</i>  |   | 1. Assist student to seated or lying position.<br>2. Have student take slow deep breaths<br>3. Call parent immediately.<br>4. Student should never be alone when having symptoms.   |  |         |
| <i>If student is <b>unconscious, unresponsive, faints, or has difficulty breathing</b>:</i>  |   | 1. Call 911 immediately.<br>2. Send someone to retrieve AED<br>3. Trained Personnel may administer CPR. <b>Use AED ONLY if necessary.</b><br>4. Provide this plan to EMS.<br>5. Student should never be alone when having symptoms.<br>6. Notify parent and district nurse. |  |         |
| <b>SPECIAL ACCOMMODATIONS, RESTRICTIONS, OR PRECAUTIONS DURING SCHOOL</b>  |   |   |  |         |
| <input type="checkbox"/> None  | <input type="checkbox"/> Learning<br><input type="checkbox"/> PE<br><input type="checkbox"/> Recess | <input type="checkbox"/> Transportation<br><input type="checkbox"/> Toileting<br><input type="checkbox"/> Other:  | <input type="checkbox"/> Meals*<br>*Special Meal Accommodation Request Form Required |         |
| <b>ROUTINE MEDICATIONS AT SCHOOL</b>   |   |   |  |         |
| <input type="checkbox"/> NO <input type="checkbox"/> YES* <b>COMPLETE MEDICATION AUTHORIZATION FORM IF MEDICATION AT SCHOOL*</b>   |   |   |  |         |
| <b>PHYSICIAN SIGNATURE</b>   |   |   |  |         |
| <i>The above named student is under my care. I recommend the above special accommodations, restrictions, and/or precautions for school.</i>  |   |   |  |         |
| Physician Signature:   |   |   | Date:  |         |
| <b>SCHOOL NURSE</b>  |   |   |  |         |
| Individualized Healthcare Plan/Emergency Care Plan (this form) distributed to 'need to know' staff:<br><input type="checkbox"/> Front office/admin <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> Other (specify):   |   |   |  |         |
| School Nurse Signature:  |   |   | Date:  |         |