



Individual Health Plan/504

Heart Condition

School year _____

Student Photo

Grade _____

Room _____

Name: _____

Birth Date: _____

Name of Cardiac Condition:

Symptoms:

- **Mental:** Feels “scared”; something bad is going to happen
- **Respiratory:** Short of breath/difficulty breathing
- **Skin:** gray/blue color, sweating, clammy
- **Heart:** Chest pain Irregular pulse rapid pulse fainting

Health Care Provider to Complete:

- No**, this condition is not life threatening. No intervention is needed at this time.
- No**, this condition is not life threatening. Accommodations needed (see below).
- Yes**, this is a life threatening condition. An action plan is needed (see below).

Call 911 if:

- Sudden severe chest pain
- Sudden onset of severe shortness of breath
- Loss of consciousness

Then do:

- Stay with student
- Begin CPR if the need arises
- Have another school employee contact parents

Further instructions from Health Care Provider: (*classroom, school bus, field trips, disaster, weight limits, PE restrictions, etc.*)

Action Plan: If sending student anywhere, send with an escort

Health Care Provider Signature: _____

Date: _____

Parent Signature: _____

Date: _____

School Nurse Signature: _____

Date: _____

Date Reviewed with Parent _____

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature