

Emergency Action Plan

Student:	DOB:	Parent/Guardian:
Today's Date:		Home Phone/Cell:
Teacher:	Grade:	Work Phone:

Cardiologist (heart doctor): Phone:

Please complete the information below to help us better caring for your child at school:

1. Heart Murmur:

- ☐ Innocent/Benign Murmur (Does not require any medical intervention/care, medication, or limitation of activities.)
- ☐ Other, more serious murmur or condition that requires limitation of physical activity, and/or antibiotics before dental work or procedures.

2. Other Heart Condition(s):

- ☐ Irregular rate or rhythm (Supraventricular tachycardia (SVT) –fast rate or Bradycardia – slow rate, etc.)
- ☐ Other heart condition, please specify:

3. Age when child was diagnosed:

4. Last appointment with heart doctor?

5. List restrictions for your child at school: **A doctor's note is required for a child to have P.E. limitations**

6. Does your child take antibiotics prior to dental procedures? ☐ Yes ☐ No

7. List any questions or concerns you may have regarding your child's health:

Parent/Guardian Signature: Date:

8. Healthcare Provider Comment, if applicable:

Healthcare Provider Printed Name:

Healthcare Provider Signature:

Office Ph. No.: Fax No.:

School Nurse Signature: Date: