

GENEVA COMMUNITY UNIT SCHOOL DISTRICT #304
DEPARTMENT OF NURSING
CARDIAC MANAGEMENT PLAN

CHILD NAME: _____
School Year: _____

Grade: _____
Date: _____

According to your child's school health records, he/she has a significant cardiac related diagnosis. To allow us to better care for your child at school, please provide us with the following information. Once completed by you and your health care provider (MD, DO, APN, PA) please return to your child's school nurse's office.

I. HISTORY

- A. Diagnosis: _____
- B. Age of onset/ initial presentation: _____
- C. Cardiac warning signs: _____
- D. Current presenting symptoms (if applicable): _____
- E. A cardiac emergency for this child is defined as: _____
- F. Last cardiac event: _____
- G. Cardiac surgeries: _____
- H. Has a diagnostic work-up or testing been completed? Is there further testing scheduled? If yes, please explain:

II. Special equipment/ restrictions

- A. Does your child have any special internal or external equipment we need to consider in the school setting?

- B. Is your child allowed to participate in physical education or other activities at school?
 - No
 - Yes, fully without restriction
 - Yes, with restrictions/ modifications
 - Explain in detail for PE, classroom, or other restrictions (may also utilize a separate form):

- C. Are there any environmental control measures or dietary restrictions the student requires to aid in preventing a cardiac episode? _____

II. MEDICAL MANAGEMENT

- A. Name of Medication- maintenance or emergency Dosage Frequency
- 1. _____
- 2. _____
- 3. _____

B. Additional Treatment: _____

C. Are medications needed at school? Yes _____ / No _____

If yes, please have a Medication Authorization Form signed by parent and physician and return to the Nurse Office

Physician Name _____ Phone Number _____

Physician Signature _____ Date _____

The cardiac management plan may be shared with school staff to support your child's safety in school. Parents are encouraged to discuss their child's medical needs with the transportation department as well as sponsors/coaches working with your child before or after school hours.

Parent Signature _____ Date _____