

SUMNER COUNTY SCHOOLS
IHP/SAFETY PLAN: CARDIAC DISORDER
 This portion is to be completed by a PARENT/GUARDIAN

Child Information

Name of Child: _____ Date of Birth _____

Child's Age _____ Grade _____ Homeroom Teacher _____

Emergency Information

Emergency Contact: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Parent/Guardian: _____ Phone 1: _____ Phone 2: _____

Cardiologist: _____ Phone: _____

Primary Physician: _____ Phone: _____

Cardiac Diagnosis: _____

Cardiac Procedures/Surgeries & Dates: _____

School staff will notify parent/guardian if the child experiences the following symptom(s):

- | | |
|--|----------------------|
| *Child feels heart beat "funny" or "too fast" | *Shortness of breath |
| *Marked change in color around lips/mouth area | *Dizziness |
| *Other: _____ | |

List ALL current medications (Home & School):

Medication	Dosage/Strength	Purpose	Day/Schedule	Time of Day

My child has the following other chronic illnesses/disabilities: _____

Allergies: _____

Child's Limitation or Special Considerations: _____

It is understood that any medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. I understand that I am responsible for furnishing all medications. The school nurse has permission to communicate with the healthcare provider regarding this medication and plan of care including, but not limited to, orders, clarification of orders, etc. I understand that the health care provider may disclose protected health information in consultation with the school nurses. All information obtained will remain confidential and be available on a need-to-know basis to those individuals who are involved in providing for your child's health and educational needs at school. In consideration of the acceptance of the request to perform this service by any person employed by the Sumner County School System, the undersigned parent or guardian hereby understands and agrees that the Sumner County School System and its personnel shall not be liable for any injury resulting from the reasonable and prudent administration of medication or the reasonable performance of health care procedures, including the administration of medication (T.C.A. § 49-5-415). By signing, parent indicates agreement with the plan of action as described by health care provider.

- Student information was requested from the parent with no response. This IHP was developed from the school nurse without input from the parents.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

SUMNER COUNTY SCHOOLS
IHP/SAFETY PLAN-CARDIAC DISORDER
 This portion is to be completed by the PHYSICIAN/CARDIOLOGIST

Name of Child: _____ DOB: _____

Cardiac Diagnosis: _____ Last Examined: _____

1. The following may indicate a worsening of this child's cardiac disease (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Decreased level of consciousness | <input type="checkbox"/> Clammy, cool skin |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Change in color to pale or blue | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Other: _____ |
| | _____ |
| | _____ |

2. Steps that should be taken for a cardiac event are:

- Check pulse, respirations & level of consciousness (LOC)
- If decreased LOC or absence of pulse or respirations
 - Begin CPR
 - Delegate calling 911
 - Delegate call to parent/guardian
 - Delegate call to child's cardiologist or physician

3. Individual Considerations/Additional Comments: _____

4. The following recommendations are based on this child's cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of his/her general medical evaluation. Our recommendations are (Check one):

	NO RESTRICTIONS: Includes interscholastic athletics, contact sports, etc...
	MODERATE EXERCISE: Includes PE classes & recreational sports but should avoid activities which require maximum or sustained effort
	LIGHT EXERCISE: Includes nonstrenuous recreational games such as swimming, jogging, bowling, golf; modified gym program
	CHILD DETERMINED: Child must be permitted to determine his/her own level of activity and to stop and rest as needed
	NO PHYSICAL EDUCATION (PE) CLASSES

Physician's Signature: _____ Date: _____

Physician's Name (Print): _____ Phone: _____