



**Student's
Picture**

**UTICA COMMUNITY SCHOOLS
HEART CONDITION HEALTH CARE PLAN**

EFFECTIVE DATE: _____

Student's Name _____

DOB _____ Grade _____ Teacher _____

Reviewed by: _____ (health care provider)
Signature Date

Acknowledged by: _____ (parent/guardian)
Signature Date

Acknowledged by: _____ (school rep.)
Signature Date

Contact Information

Parent #1 Name _____ Parent #2 Name _____

Parent/Guardian #1: Home _____ Work _____ Cell _____

Parent/Guardian #2: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider _____ Phone _____

Other Contact _____ Relationship _____ Phone _____

Notify parent/guardian in the following situation: _____

Student Medical/Surgical History

Heart Condition:

Previous Surgeries:

Symptoms Leading to Diagnosis/Typical Symptoms for Student

Medications at School

Medication	Dose	Route	When to give

Home Medications

Medication	Dose	Route	When to give

Pacemaker/Implantable Cardiac Defibrillator (ICD)

___ Pacemaker: _____ (Model Number)

Special Instructions: _____

___ Implantable Cardiac Defibrillator (ICD): _____ (Model Number)

Special Instructions: _____

****Keep implantable devices at least 12 inches away from magnetic wands, cell phones, or anti-theft devices****

Activity and Accommodations

Student may rest as needed

___ Gym Restrictions: _____

___ No contact sports ___ No isometric activities (rope climbing, weight lifting, straining—no breath holding)

___ Recess Restrictions: _____

Student may have water as needed

___ Outdoor temperature guidelines: do not go out side if temperature is above ____ or below ____

___ Additional Accommodations:

Treatment of Symptoms

****Cardiac symptoms can include: chest pain, heart palpitations (skipping beats), racing heart, dizziness, nausea, fear, panic, sweating, feet or ankle swelling, bloating in the abdomen, shortness of breath, irritability, fatigue, blue skin color, fainting or sudden collapse****

Call parent for the following symptoms:

****With any mild symptoms, allow student to rest, drink water, and contact the office staff for assistance****

Call 911 for the following symptoms:

**** With any severe symptoms, contact the office immediately for assistance, have additional staff get the AED and contact the building CPR team. Call 911. Start CPR if needed****

Transportation

UCS Transportation Medical & Emergency Form Completed? ___ Yes ___ No