



LIBERTY HILL INDEPENDENT SCHOOL DISTRICT

301 Forrest Street • Liberty Hill, TX 78642 • Phone: 512-260-5580 • Fax: 512-260-5581

Cardiac Emergency Action Plan

Student Name _____ Date of Birth _____
ID# _____ Grade _____ School _____ Teacher _____

Diagnosis: _____

Cardiac symptoms may include: chest pain, irregular heart beat, pale and/or sweaty skin, dizziness, shortness of breath, bluish color to lips and mouth, loss of consciousness.

Student specific symptoms: _____

Treatment Plan:

- Remain with student, keep under constant observation
- Allow to rest in position of comfort
- Give medication if prescribed
- Contact school nurse
- Contact parent if: _____

■ Student specific instructions: _____

Call 911 if:

- *Persistent, severe or sudden chest pain
- *Difficulty breathing
- *Persistent or progressive symptoms
- *Loss of consciousness

Signature of Parent/Guardian

Date

Health Care Provider Signature

Date

Signature of School Nurse

Date

L.H.I.S.D. Cardiac (Heart) History

Student Name _____ Date of Birth _____
 ID# _____ Grade _____ School _____
 Parent/Guardian Name(s) _____
 Mother Telephone Home# _____ Work# _____ Cell# _____
 Father Telephone Home# _____ Work# _____ Cell# _____
 Emergency Contact _____ Relationship to Student _____
 Home Telephone# _____ Work or Cell # _____
 Health Care Provider _____ Telephone # _____

1. Give a brief explanation or description of your child's cardiac/heart condition:

 2. Is your child's cardiac condition considered life threatening?
 No Yes If yes, by State Law, your child may not attend school until the health care provider orders for this condition have been provided. Please contact the School Nurse.
 3. Does your child take medication for their cardiac/heart condition?
 No Yes, explain below
- | Medication Name | Amount | When to Use |
|-----------------|--------|-------------|
| | | |
| | | |
| | | |
4. Does your child have any symptoms related to their cardiac condition?
 No Yes, describe _____
 5. If your child has symptoms at school, how do you want the staff to respond?

 6. Are there any limitations, restrictions or precautions needed at school?
 No Yes, explain _____
 7. Has your child been seen by a cardiac/heart specialist?
 No Yes, Doctor Name _____
 Date of last visit _____ Date of next visit _____
 8. Has your child ever had, or has as doctor recommended cardiac/heart surgery?
 No Yes, explain _____
 Date of surgery(s) _____
 9. Does your child have any other health condition(s) we should be aware of?
 No Yes, explain _____
10. This is our emergency plan. If you want us to follow a different plan, please have your health care provider write specific orders.

Call 911 for help if:

- Severe chest pain
- Skin discoloration/blue
- Loss of consciousness
- Pale and/or sweaty

_____ Signature of Parent/Guardian _____ Date _____