

**SCHOOL DISTRICT OF HATBORO-HORSHAM  
2013-2014 SCHOOL YEAR**

**EMERGENCY CARDIAC HEALTH CARE PLAN**

Dear Parent/Guardian:

Our health records indicate your child has one of the following *medical condition(s)*:

Heart Murmur  
Abnormal Heart Rate or Rhythm  
Heart Surgery  
Congenital Heart Defect  
Palpitations  
Pulmonary Stenosis  
Valve Disorder

Please complete and sign this form if your child's medical condition has been resolved. If your child's medical condition has not been resolved, complete and sign the attached health care plan and return to the school nurse. All forms should be returned to the school nurse by the *first day of school*.

*Please indicate below whether your child's medical condition has been resolved.*

*The medical condition, \_\_\_\_\_, listed for my  
child, \_\_\_\_\_, has been resolved.*

*Parent/Guardian Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**EMERGENCY CARDIAC HEALTH CARE PLAN**

**STUDENT'S NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**GRADE** \_\_\_\_\_ **TEACHER** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Work, Cell, Pager: \_\_\_\_\_

Father's Work, Cell, Pager: \_\_\_\_\_

Cardiac Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Cardiac Condition: \_\_\_\_\_ Surgery: \_\_\_\_\_

List any type of restrictions:

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Does your child require antibiotics prior to dental procedures, mouth injuries, etc? \_\_\_\_\_

List any medications your child may take for this condition:

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List any symptoms your child may experience:

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How do you manage these symptoms?

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

