

SCHOOL DISTRICT OF HATBORO-HORSHAM

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:

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

List any medications your child may take for this condition:

List any symptoms your child may experience:

How do you manage these symptoms?

Parent/Guardian Signature _____ Date _____

