

**Heart Murmur / Heart Condition
Emergency Action Plan**

Student:	DOB:	Parent/Guardian:
Today's Date:		Home Phone/Cell:
Teacher:	Grade: Car#	Work Phone:

Cardiologist (heart doctor): _____ Phone: _____

Please complete the information below to help us better caring for your child at school:

1. Heart Murmur:

_____ Innocent/Benign Murmur (Does not require any medical intervention/care, medication, or limitation of activities.

_____ Other, more serious murmur or condition that requires limitation of physical activity, and/or antibiotics before dental work or procedures.

2. Other Heart Condition(s):

_____ Irregular rate or rhythm (Supraventricular tachycardia (SVT) –fast rate or Bradycardia – slow rate, etc.)

_____ Other heart condition, please specify: _____

3. Age when child was diagnosed: _____

4. Last appointment with heart doctor? _____

5. List restrictions for your child at school: **A doctor's note is required for a child to have P.E. limitations**

6. Does your child take antibiotics prior to dental procedures? _____ Yes _____ No

7. List any questions or concerns you may have regarding your child's health:

Parent/Guardian Signature: _____ Date: _____

8. Healthcare Provider Comment, if applicable:

Healthcare Provider Printed Name: _____

Healthcare Provider Signature: _____

Office Ph. No.: _____ Fax No.: _____

School Nurse Signature: _____ Date: _____