

**PICKENS COUNTY SCHOOL DISTRICT
CARDIAC PLAN OF CARE**

This Cardiac Plan of Care is to be completed and signed by the student's parent/guardian and medical provider. The information in this plan is confidential. All staff members who care for your child will have access to this information in order to provide the optimal safety in the school setting. Please contact the school at any time to update this plan of care.

Student Name _____ DOB _____ Grad _____

Parent/Guardian _____ Phone # _____

Parent/Guardian _____ Phone # _____

Emergency Phone Contact #1 _____ Phone # _____

Emergency Phone Contact #2 _____ Phone # _____

Physician Treating Student for Cardiac Issues _____

Physician's Phone Number _____

Other Physicians Treating Student _____

Cardiac Diagnosis: Please describe student's cardiac diagnosis/disability

- Cardiac Warning Signs _____
- Cardiac Symptoms _____
- Last Cardiac Event _____
- Cardiac Surgeries _____

Special Equipment/Activity Restrictions

- Does the student have any special internal or external equipment that needs to be considered in the school setting?

No
 Yes

If yes, describe _____

- Is the student allowed to participate in physical education or other activities at school?

No
 Yes, may fully participate without restrictions

If no, please explain/list limitations _____

Prevention Measures

Please list any environmental control measures or dietary restrictions the student may require to prevent a cardiac episode.

MEDICATIONS

Daily Medication	Dosage, Route, Time of Day Given	Side Effects / Special Instructions

EMERGENCY RESPONSE

A cardiac emergency for this student is defined as:

Cardiac Emergency Protocol: Follow Pickens County Schools protocol.