CHIPPEWA VALLEY SCHOOLS

19120 Cass Avenue, Clinton Township, MI 48038
(586)-723-2000 FAX (586) 723-2001

Inspiring and empowering learners to achieve a lifetime of success

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Ronald R. Roberts
Superintendent

CARDIAC ACTION PLAN

This Action Plan is to be completed and signed by the child's parent/guardian and physician. The information on this plan is confidential. All staff involved in the 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 if you need to update this Action Plan.

Student Name____ DOB ______________ Grade____

Parent/Guardian____ Phone Number____________________

Parent/Guardian____ Phone Number____________________

Emergency Phone Contact # 1___________________________________ Phone Number____________________

Emergency Phone Contact # 2___________________________________ Phone Number____________________

Physician Treating Student for Cardiac Issues____

Phone Number of Physician____

Cardiac Diagnosis

Please describe this student's Cardiac Diagnosis/Disability:

____

____

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____

- Cardiac Warning Signs____

  ____

- Cardiac Symptoms____

  ____

NOTICE OF NONDISCRIMINATION It is the policy of Chippewa Valley Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent of Human Resources, Chippewa Valley Schools Administration, 19120 Cass Avenue, Clinton Township, MI 48038 Phone: 586-723-2090 / Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director of Special Services, (same address) Phone: 586-723-2180

- Last Cardiac Event____
- Cardiac Surgeries____

Special Equipment / Activity Restrictions

Does this student have any special internal or external equipment we need to consider in the school setting?

No

Yes - Please describe

Parent will provide supplies/equipment)

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

No - Please explain/list limitations

Yes - may fully participate

Medications

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

I give permission for school personnel to release a copy of the Cardiac Action Plan to emergency personnel in the event it is necessary to activate Emergency Medical Services and /or transport my child to the hospital.

I,_______________________,herby authorize the named healthcare provider who had attended to my child to furnish to School/Health Services or School Clinic staff any medical information and/or copies of records pertaining to my child's chronic health condition, and for this information to be shared with pertinent school staff. This authorization expires on the last day of this school year.

Parent/Guardian
Signature____Date___________________

Physician Signature____Date___________________

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