

ST. JANE FRANCES DE CHANTAL SCHOOL
School Health Services

STUDENT HEALTH UPDATE - CARDIAC

STUDENT NAME: _____ GRADE: _____

Please identify your child's heart condition

Cardiologist name _____ Phone _____

Age at which cardiac condition was diagnosed

Please list any cardiac surgery that your child has had, age and hospital

Please respond to the present status of this condition. Check all the following which apply:

- Special restrictions apply (explain below). A doctor's note regarding these restrictions is attached.

- My child is on the following medications:

- The following medications must be given in school. A completed medication authorization form is attached and I will provide the medication in its original, labeled container.

- Measures to be taken in school if my child has cardiac symptoms:

- Additional Information/Comments:

Please feel free to call the nurse with your questions or concerns.

Parent/Guardian Signature

Date

Phone

Sarah Kupchick, RN
Phone: 610-253-8442
Fax: 610-253-2427