Linn-Mar Community Schools Cardiac Condition Health Plan

Student:			Date:	
Parent/Guardi	ian		Home Phone:	
Physician:			Hospital:	
Diagnosis:				
• •	watch for: (cold tachycardia)	or change, shortness	s of breath, respiratory difficulty	,
Medications:				
Activity restri	ictions:			
Any precaution	ons/additional inf	ormation:		
 Stay v Call s 	student lying fla vith student and chool nurse and	try to keep studen		
5. If loss of consciousness or worsening respiratory distress, call 911 for emergency assistance.6. Be prepared to initiate CPR if breathing ceases. Maintain airway.				
I have read ar	nd approve of the	above plan for scho	ol health care:	
Parent/Guardia	n Signature	Date	School Nurse Signature	Date