

School Year

20__-20__

Jackson-Madison County School System Cardiac Disorders

Page 1 of 3
Page 1 to be completed
by Parent/Guardian
PLEASE PRINT

Child's Information:

School: _____

Name of Child: _____ Date of Birth: _____

Grade/Child's Age: _____ Homeroom Teacher or Instructor: _____

Emergency Information:

Parent(s') or Guardian(s') Names: _____

Mother's or Guardian(s') Telephone (W): _____ Father's Telephone (W): _____

Mother's or Guardian(s') Cell/Pager: _____ Father's Cell/Pager: _____

Mother's or Guardian(s') Telephone (H): _____ Father's Telephone (H): _____

Child's Healthcare Provider: _____ Healthcare Provider Telephone: _____

Child's Cardiologist: _____ Cardiologist's Telephone: _____

Please provide names and contact information in the event a parent/guardian cannot be reached:

1: _____ Relation: _____ Telephone: _____

2: _____ Relation: _____ Telephone: _____

Preferred Local Emergency Department: _____

Preferred Comprehensive Regional Pediatric Center:

☐ Jackson-Madison Co. General Hospital ☐ Le Bonheur- Memphis ☐ Tennova- Regional ☐ Vanderbilt- Nashville

Cardiac Diagnosis: _____

Cardiac Procedures/ Operations: _____

Notify parent or guardian if the child experiences the following symptom(s):

☐ "Child feels heart beat funny, to fast."

☐ Shortness of Breath

☐ Marked change color to lips/mouth area

☐ Dizziness

☐ Other: _____

My child has the following other chronic illnesses/disabilities: _____

Allergies: _____

Child's Limitations or Special Considerations: _____

ALL CURRENT MEDICATIONS

Name of Medication	Dosage and Strength	Purpose	Day Schedule	Time of Day

I understand that it is my responsibility to keep this information current.

Please notify School Nurse and provide an updated/current form on at least an annual basis.

Parent's/ Guardian's Signature: _____ Date: _____

Child's Name _____

Jackson-Madison County School System Cardiac Disorders Steps for a Cardiac Event

1. The following symptoms may indicate a worsening of this child's cardiac disease:

(Check symptom(s) that apply.)

☐ Decreased level of consciousness

☐ Clammy, cool, skin

☐ Dizziness

☐ Short of breath

☐ Marked change in color: pale or blue

☐ Other: _____

2. The steps that should be taken for a cardiac event are:

A. Check for pulse, respiration and level of consciousness.

B. If decreased level of consciousness or absence of pulse or respiration:

1. Begin CPR

2. Delegate 911 call

3. Call parent/guardian

4. Call child's physician

Preferred Local Emergency Department: _____

Preferred Comprehensive Regional Pediatric Center:

☐ Jackson-Madison Co. General Hospital ☐ Le Bonheur— Memphis ☐ Tennova— Regional ☐ Vanderbilt— Nashville

C. If level of consciousness and pulse are normal, but the above symptoms are present, contact parent/guardian.

IT IS THE PARENT'S RESPONSIBILITY TO DETERMINE FOLLOW-UP STEPS.

Individual Considerations _____ _____ _____ Refer to exercise and sport participation guidelines. ____ Yes ____ No (see page 3)

This child also has the following chronic illnesses/disabilities: _____

Medical Provider's Name: _____ Phone number: _____

Medical Provider's Signature: _____ Date: _____

School Nurse: _____ Contact Number: _____

Child's Name _____

Jackson-Madison County School System Cardiac Disorders Exercise and Sports Participation Guidelines

To Whom It May Concern:

_____ was examined on _____ with a diagnosis of _____

The following recommendations are based on his/her general medical evaluation. Our recommendations* are as follows:

- ☐ NO RESTRICTIONS (Includes interscholastic athletics, contact sports.)
- ☐ Limit participation to activities checked below.
- ☐ MODERATE EXERCISE (Includes physical education classes and recreational sports, but should avoid activities which Require maximum or sustained effort.)
- ☐ LIGHT EXERCISE (Includes nonstrenuous recreational games such as swimming, jogging, bowling, golf, riflery. Modified gym program without being graded recommended.
- ☐ NO PHYSICAL EDUCATION CLASSES

Additional Comments: _____

Please call our office if further clarification needed or if any symptoms of dizziness, passing out, fainting, or chest pain occur during activities.

Signature of Medical Provider _____

Date: _____

CLASSIFICATION OF SPORTS

IA. <input type="checkbox"/> LOW STATIC/LOW DYNAMIC Billiards Bowling Golf Riflery	IB. <input type="checkbox"/> LOW STATIC/ MOD DYNAMIC Baseball Softball Table Tennis Tennis (doubles) Volleyball	IC. <input type="checkbox"/> LOW STATIC/ HIGH DYNAMIC Badminton Field Hockey * Racquetball Running (long distance) Soccer* Squash Tennis (singles)
IIA. <input type="checkbox"/> MOD STATIC/ LOW DYNAMIC Archery Diving* Equestrian*	IIB. <input type="checkbox"/> MID STATIC/ MOD DYNAMIC Fencing Field events (jumping) Figure skating* Football* Rodeoing* Rugby* Running (sprint)	11C. <input type="checkbox"/> MOD STATIC/ HIGH DYNAMIC Basketball* Ice Hockey* Cross Country Skiing Lacrosse* Running (middle distance) Swimming Handball
IIIA. <input type="checkbox"/> HIGH STATIC/ LOW DYNAMIC Cheerleading* Field Events (throwing) Gymnastics* Karate* Sailing Rock Climbing* Water Skiing* Weight Lifting* Windsurfing*	IIIB. <input type="checkbox"/> HIGH STATIC/ MOD DYNAMIC Bodybuilding* Downhill Skiing* Wrestling*	IIIC. <input type="checkbox"/> HIGH STATIC / HIGH DYNAMIC Boxing* Canoeing/kayaking Cycling* Rowing

*DANGER OF BODY COLLISIONS