



CHINO VALLEY
UNIFIED SCHOOL DISTRICT

13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

Heart Condition History/Update

To the Parent/Guardian of _____ Grade _____
Home Room/Teacher _____ School _____

According to school records your child has a heart condition. The school needs the following information so that we can be ready to assist your child in case of an emergency. Immediate care may be of an emergency nature.

1. What is the name of your child's heart condition (diagnosis)? _____
2. When did your child's heart condition begin? Age _____
3. Are they being followed by a cardiologist? Yes No
If yes, how often? Yearly Other
4. Is your child taking any medication(s) for heart condition? Yes No

| Date Began | Medication | Dosage | Route | Frequency/Indications for use |
|------------|------------|--------|-------|-------------------------------|
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5. What are the symptoms to watch for according to your child's doctor? Fatigue Chest Pain
 Shortness of breath Bluish color around gums/tongue Excessive sweating Palpitations
 Dizziness Other: _____
6. About how often do these symptoms occur? _____
7. When did your child last have these symptoms? _____
8. What do you do when symptoms occur? _____
9. Has your child been hospitalized for this heart condition? Yes No
10. Has your child had a special exam, tests, or requiring special procedures or surgery for this condition? Yes No
11. Is your child on a special diet? Yes No
12. Does your child have any limitation with physical activities? Yes No
If yes, please describe: _____
13. Does your child ride the bus? Yes No
14. Does your child participate in any after school activities? Yes No. If yes, please describe: _____
15. If your child requires limitation during recess or physical education, your doctor may be asked to complete details of the physical restrictions.

Print Parent/Guardian Name _____ Signature _____
Contact Phone Number _____ Date _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

If your student requires medication at school, please see the Health Services website for the required forms.