Academy ISD Health Services
Parent Authorization for Cardiac Emergency Action Plan
Guidance for Non-licensed School Personnel

Campus:

Student	DOB	Grade/HR	Rides Bus #

Diagnosis/Significant medical history		
Current meds to treat cardiac condition	Date of last hospitalization	Physical Restrictions: ☐ No ☐ Yes (explain):
Cardiac Emergency Medication needed at school: Dosage/Route/Times		Expiration Date

Medication at school: ☐ **N/A** ☐ **In Health Office**

Please review standard emergency care at school and add additional instructions as needed

☐☐ **If You See Any Of These:**	**Do this:**
• Verbalizes "Feels like heart is beating too fast" • Short of Breath • Changes in Color around mouth or lips or nail beds • Dizziness • Other signs/symptoms:	• Stop activity • **Student may need rescue/prescribed medication • Call the nurse/ office for assistance: check pulse, respirations, O2Saturation, and level of consciousness. • Place student in comfortable position • Stay with student- **DO NOT LEAVE ALONE**
Severe Symptoms **If You See Any Of These:** • Decreased level of consciousness • A marked change in color: pale or blue • Chest pain • Absent pulse or respirations	**Do This:** • Call or have someone **CALL 911** • Call the nurse/office for assistance • Start CPR if indicated **CONTACT PARENT AS SOON AS POSSIBLE**

Additional instructions/safety measures:

PHYSICIAN/PARENTAL AUTHORIZATION FOR EMERGENCY PLAN FOR CARDIAC MEDICATION

Physician authorization: Print Name	Physician Signature	Physician Phone	Date

I grant permission to Academy ISD to follow the above plan for my child. I am giving permission to AISD staff to contact my physician for additional information if necessary. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of his health condition. I understand that a medically untrained designee of the principal may carry out the plan and/or administer any prescribed medication.

Parental Authorization: Signature	Best emergency phone	Other phone	Date
Emergency Contact	Best emergency phone	Other phone	

Staff use only: Document administration of medication below and/or in student's electronic health record

Date	Time	Signature	Print Name	Comments

Reviewed 5/15/cs