

CARDIAC INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2022-2023

Name:	DOB:	Date:	
School:	Grade/Teacher:		
HEALTH CONCERN – (description)			

EMERGENCY CARE PLAN

SIGNS & SYMPTOMS OF CARDIAC ISSUES:

- ✓ Dizziness
- ✓ Fatigue
- ✓ Shortness of breath

CALL PARENT WITH ANY CONCERNS

If student is unconscious, CALL 911, get AED, and start CPR

Licensed Health Care Provider's signature: _____	Date:		Phone:	
<small>Signature authorizes medication for length of school year</small>	School year:		Fax:	

I accept this Individual Health Plan. My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this order.

Parent/Guardian signature: _____	Date:		Phone:	
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INDIVIDUAL CONSIDERATIONS:

Parent: If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child's medication and health care needs.

Classroom:

- Teacher to inform substitute teachers of the student's Individual Health Plan

Field Trip Procedures: Medication and IHP will accompany student during any off-campus activity

Transportation: Bus-Transportation will be informed of the student's Individual Health Plan

Other: RN will notify teachers, specialists, recess staff, and other staff of student's HP

School Nurse:	Email:	Phone:	425-456-
, RN	@bsd405.org	Fax:	425-456-