

# GRACE LEARNING CENTER

## Cardiac Condition History

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Has your child ever been diagnosed with a heart condition?  No  Yes If yes, what is the diagnosis?

\_\_\_\_\_

2. Has there been any hospitalization/surgery for this condition?  No  Yes If yes, provide details.

\_\_\_\_\_

3. Is your child currently taking medication for this condition?  No  Yes If yes, list name, dosage, and how often your child takes this medication. **If the medication is to be kept in the health office, Consent for Medication form must be on file.**

\_\_\_\_\_

4. Does your child suffer any side effects from these medications?  No  Yes If yes, please explain.

\_\_\_\_\_

5. Does your child need special equipment or monitors?  No  Yes If yes, please explain.

\_\_\_\_\_

6. Has your child's licensed healthcare provider given any special orders due to his/her heart condition? If yes, please attach and explain.

No  Yes

\_\_\_\_\_

7. What symptoms does your child demonstrate?  Tires easily  Short of breath  Other

Explain below:

\_\_\_\_\_

8. Is there any other information about your child's condition you would like to share with school?

\_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_