

School Year
20__ - 20__

**Tri-County Community Council, Inc.
Head Start**

Page 1 of 3
Page to be completed
by Parent/Guardian
Please Print

CARDIAC DISORDERS

Child Information

Center: _____

Name of Child: _____

Date of Birth: _____ Child's Age: _____ Classroom Teacher: _____

Emergency Information

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

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

Pager: _____ Pager: _____

Telephone (W): _____ Telephone (W): _____

Primary Care Physician: _____ Telephone: _____

Preferred Local Emergency Department: _____

In the event a parent/guardian cannot be reached:

1. _____ Relation: _____ Telephone: _____

2. _____ Relation: _____ Telephone: _____

Cardiac Diagnosis: _____

Cardiac Procedures/Operations: _____

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

- "Child feels heartbeat funny, too 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 the Center Coordinator and provide an updated/current form on at least an annual basis.

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

Child's
Name: _____

HEAD START
Tri-County Community Council, Inc.
2499 Cypress St. Westville, FL 32464
(850) 548-9900 FAX (850) 548-5644

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 area:

- 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: _____

- 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 care for symptoms.

Individual Considerations:

Refer to exercise and sports participation guidelines: ___ Yes ___ No (see page 3).

This child also has the following chronic illnesses/disabilities:

Physician's name: _____

Physician's signature: _____ Date: _____

Health Services Coordinator: _____

Child's Name: _____

HEAD START

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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 cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of 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.)
- Must be permitted to determine his/her own level of activity and to stop and rest if needed.
- 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 during activities.

Signature of physician: _____ M.D.
Date: _____

CLASSIFICATION OF SPORTS

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

*DANGER OF BODY COLLISIONS