## SUMTER COUNTY SCHOOLS - SCHOOL HEALTH SERVICES CARDIAC PARENT INTERVIEW GUIDE

Please complete this form with as much accurate information as possible. The information provided is used to develop an individualized health care plan for your child to promote a safe environment with a goal to maintain optimal health. Important: Include correct numbers where you can be reached.

Student's Name:		Date of Birth:	Date of Birth:	
Student's Address:				
Age: Grade	: Teacher:	School:		
Parent/Guardian:				
		Phone #2:		
<b>Emergency Contacts:</b>		Phone #1:		
Doctor (Physician trea	ting cardiac condition)	١.		
Phone:		Fax:	Fax:	
Preferred Hospital:		Allergies:	Allergies:	
1. Medical diagnosis:		·		
2. Has your child ever	been hospitalized/had	surgery for this heart condition?		
		ion for this condition?		
4. What are his/her us	ual signs of a problem?	(Check all that apply)		
☐ Chest pain ☐	Irregular heart rate	☐ Headaches ☐ Short of breath	n □ Tires easily	
□ Passing Out □	High blood pressure	□ Low blood pressure □ Anxion bloominal Pain □ Other:	ety   Confusion	
5 Does your child nee	ed special equipment or	r monitors?		
6. Has the doctor give	n any special orders, or	r are there any restrictions or lim		
		rmation you would like to share?		
	g this form, I give permission f s education and/or school heal	For Sumter County Schools to share this info th services.	ormation with the faculty and staff who are	
Parent signature		Please Print name	Date	