



Chandler Unified School District #80

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: _____