



CHINO VALLEY
UNIFIED SCHOOL DISTRICT

13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

Heart Condition History/Update

To the Parent/Guardian of _____ Grade _____
Home Room/Teacher _____ School _____

According to school records your child has a heart condition. The school needs the following information so that we can be ready to assist your child in case of an emergency. Immediate care may be of an emergency nature.

1. What is the name of your child's heart condition (diagnosis)? _____
2. When did your child's heart condition begin? Age _____
3. Are they being followed by a cardiologist? ☐ Yes ☐ No
If yes, how often? ☐ Yearly ☐ Other
4. Is your child taking any medication(s) for heart condition? ☐ Yes ☐ No

Date Began	Medication	Dosage	Route	Frequency/Indications for use

5. What are the symptoms to watch for according to your child's doctor? ☐ Fatigue ☐ Chest Pain
☐ Shortness of breath ☐ Bluish color around gums/tongue ☐ Excessive sweating ☐ Palpitations
☐ Dizziness ☐ Other: _____
6. About how often do these symptoms occur? _____
7. When did your child last have these symptoms? _____
8. What do you do when symptoms occur? _____
9. Has your child been hospitalized for this heart condition? ☐ Yes ☐ No
10. Has your child had a special exam, tests, or requiring special procedures or surgery for this condition? ☐ Yes ☐ No
11. Is your child on a special diet? ☐ Yes ☐ No
12. Does your child have any limitation with physical activities? ☐ Yes ☐ No
If yes, please describe: _____
13. Does your child ride the bus? ☐ Yes ☐ No
14. Does your child participate in any after school activities? ☐ Yes ☐ No. If yes, please describe: _____
15. If your child requires limitation during recess or physical education, your doctor may be asked to complete details of the physical restrictions.

Print Parent/Guardian Name _____ Signature _____
Contact Phone Number _____ Date _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

If your student requires medication at school, please see the Health Services website for the required forms.