



**Rusk Independent School District**  
**203 E. 7<sup>th</sup> Street**  
**Rusk, Texas 75785**

**RISD HEART CONDITION INFORMATION**

**\*Please complete this form and return it to your school nurse. If your child requires any activity restrictions or special care while at school, please have your child's physician complete the bottom portion. A care plan and emergency plan will be created based on this information.**

**INFORMATION PROVIDED BY PARENT:**

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Other emergency contacts: \_\_\_\_\_ Phone: \_\_\_\_\_  
 HOSPITAL PREFERENCE: \_\_\_\_\_ Bus rider? \_\_\_\_\_ Bus # \_\_\_\_\_

Physician : \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date of last physician visit: \_\_\_\_\_ Age of Diagnosis \_\_\_\_\_  
 Coexisting dianoses \_\_\_\_\_

Medications taken at home: \_\_\_\_\_  
 Medications taken at school: \_\_\_\_\_  
 Emergency medications: \_\_\_\_\_

Heart Condition (name of diagnosis): \_\_\_\_\_  
 What is the cause of your child's heart condition? \_\_\_\_\_  
 What are the symptoms? \_\_\_\_\_  
 Does your child know how to manage the heart condition? \_\_\_\_\_  
 How do you manage your child's heart condition? \_\_\_\_\_  
 Does your child have any activity restrictions or special care?  YES  NO  
 (If yes, please have physician complete below)

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE DATE

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**INFORMATION PROVIDED BY PHYSICIAN:**  
 What is the medical diagnosis? \_\_\_\_\_  
 Does this child require medications: \_\_\_\_\_  
 Does this child have any activity restrictions? \_\_\_\_\_ If yes, please complete below.

ACTIVITY RESTRICTIONS/SPECIAL CARE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 PHYSICIAN SIGNATURE DATE