



North White School Corporation  
Cardiac Conditions

**STUDENT NAME:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Cardiologist:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**What is your child's cardiac diagnosis:** \_\_\_\_\_

**Please describe any symptoms associated with this diagnosis:** \_\_\_\_\_

\_\_\_\_\_

**Has your child ever had a surgery for this condition? If yes, please describe:** \_\_\_\_\_

\_\_\_\_\_

**Does your child take medications for this condition? If yes, what medications?** \_\_\_\_\_

\_\_\_\_\_

**Has your child needed emergency room treatment for this condition in the past year?** \_\_\_\_

**If yes, please describe:** \_\_\_\_\_

\_\_\_\_\_

**Does your child require restrictions for any activities? If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

*(Please note we have to have a new note for each year explaining restrictions from  
doctor)*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date