



**Florida Department of Health in Miami-Dade School Health Program  
Roles and responsibilities: Cardiac Condition**

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Teacher(s): \_\_\_\_\_ School Year \_\_\_\_\_

Responsibilities and Agreements		
School	Family	Student
Medication and supplies kept: Clinic Main Office Classroom Student Book Bag Other: _____	Provides medication and supplies for school site.  Pick-up and replace any expired medication  Med Name/Exp Date: _____  Med Name/Exp Date: _____	Report early warning signs of cardiac distress, as well as the most common symptoms of cardiac distress: <ul style="list-style-type: none"> <li>• Chest discomfort</li> <li>• Shortness of breath</li> <li>• Sweating without exertion</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Dizziness</li> </ul>
UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond): _____ _____	Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact information  Any change in the medication regimen requires new medication authorization forms	Communicate needs as appropriate
CPR Certified Staff: _____ _____	Parent or designated adult, as noted on emergency card, to respond to school when called	Reports to clinic for medication administration at the appropriate time
Administration to contact 911/parent/guardian in case of an emergency	Pick-up any unused medication at the end of the school year	
Substitute teacher instructions available in lesson plan		
Security/Teacher to carry school two-way radio and/or have emergency intercom access		
Administration and/or security to direct EMS to the emergency		
Assign staff to administer medication on field-trips, if applicable		

_____ Parent/Guardian Signature	_____ Date
_____ Principal/School Administration Designee	_____ Date
_____ School Nurse	_____ Date