



Dear Parent

The results of the past 20 years have shown that many adolescents have already adopted unhealthy lifestyle choices due to a number of influences. Your school is participating in the Healthy Heart Schools' Program on _____.

The **Healthy Heart Schools' Program** is reaching grade 7 students in order to make a positive impact and offer additional life skills including bystander CPR to increase your child's ability to respond in case of emergency. The teaching of CPR in the Niagara Peninsula was initiated by Heart Niagara Inc. in the 1970s. It has resulted in the saving of many lives – not only from "Heart Attack" – but also from drowning, electric shock and obstruction of the airway by food particles or allergic reaction. Some of those lives were saved by young children who had been taught CPR. The CPR program will link elementary school students to the chain of survival which includes paramedics, fire and police personnel, doctors, nurses, nutritionists, therapists, activity centres and smoking counselors in the fight to protect Canadians from the devastating effects of cardiovascular disease. The education components support the grade 7 school health curriculum. The training will ensure that each Grade 7 student is aware of the signs and symptoms of heart and airway emergencies and how to respond in case of emergency. CPR teaching includes education on the positive choices that can be made by young people to ensure that they do not risk early arterial damage.

With a focus program on bystander cardiopulmonary resuscitation (CPR) the most natural partnership emerged with a commitment by Niagara Emergency Medical Services (NEMS) to support the Program with the addition of Paramedics to co-present the Program in the classroom. The CPR training involves a half day of instruction within the classroom at a cost of \$45.00; your child will receive this valuable training from Heart Niagara and Niagara Emergency Medical Services for only \$5.00.

The family history questionnaire on the reverse side of the consent will assist us in improving the Program evaluation in Secondary Schools where we will offer your child risk factor education and CPR re-certification at no charge. We would be grateful if you could assist your son/daughter in completing the questionnaire which will open a family dialogue on the risk factors of heart disease.

Please sign and return the consent form along with the \$5.00 fee to the School by _____.

Sincerely,

Dr. S. W. Dobbin, M.B., C.C.F.P.
Medical Director, Healthy Heart Schools' Program

_____ has my consent to participate in the Heart Niagara CPR course

Student Name: _____ Date of Birth: _____

Health Card #: _____ Family Physician: _____

Parent/Guardian Name: _____ Phone: _____

Work Number: _____ Parent/Guardian Signature: _____



1) How many full sisters and brothers (share both parents) do you have? _____

2) How many half sisters and brothers (share 1 of 2 parents) do you have? _____

These questions are only about your biological family.

Do not include people living with you who are not directly related to you.

3) Do any of the following members of your family have diabetes?

Mother Yes No Father Yes No

- a. How many full sisters and brothers have diabetes? None 1 2 3+
- b. How many half sisters and brothers have diabetes? None 1 2 3+
- c. How many grandparents have diabetes? None 1 2 3+

4) Do any members of your family have high blood pressure (hypertension)?

Mother Yes No Father Yes No

- a. How many full sisters and brothers have high blood pressure? None 1 2 3+
- b. How many half sisters and brothers have high blood pressure? None 1 2 3+
- c. How many grandparents have high blood pressure? None 1 2 3+

5) Do any members of your family have high cholesterol (hyperlipidemia)?

Mother Yes No Father Yes No

- a. How many full sisters and brothers have high cholesterol? None 1 2 3+
- b. How many half sisters and brothers have high cholesterol? None 1 2 3+
- c. How many grandparents have high cholesterol? None 1 2 3+

6) Have any members of your family ever had a stroke?

Mother Yes No Father Yes No

- a. How many full sisters and brothers have had a stroke? None 1 2 3+
- b. How many half sisters and brothers have had a stroke? None 1 2 3+
- c. How many grandparents have had a stroke? None 1 2 3+

7) Have any members of your family ever had angina (chest pain) or a heart attack?

Mother Yes No Father Yes No

- a. How many full sisters and brothers have had either? None 1 2 3+
- b. How many half sisters and brothers have had either? None 1 2 3+
- c. How many grandparents have had either? None 1 2 3+

8) Have any members of your family ever had heart/bypass surgery?

Mother Yes No Father Yes No

- a. How many full sisters and brothers have had heart/bypass surgery? None 1 2 3+
- b. How many half sisters and brothers have had heart/bypass surgery? None 1 2 3+
- c. How many grandparents have had heart/bypass surgery? None 1 2 3+

9) **Before the age of 65,**
Have any female members of your family had angina, heart attack,
heart/bypass surgery or a stroke ?

Mother Yes No Grandmothers Yes No

10) **Before the age of 55,**
Have any male members of your family had angina, heart attack,
heart/bypass surgery or a stroke ?

Father Yes No Grandfathers Yes No