



Sickle Cell Disease Health Care Plan for School/Field Trips

Name of Student _____ School _____

Teacher/Grade _____ Date _____

Dear Parent:

We understand that your child has Sickle Cell Disease (SCD). The school needs further information so that it will know how to deal with any situation related to this condition. Please complete this form and return it to school. ***If your child needs medication at school, we must have a completed medication authorization form.**

School Nurse

Phone

Symptoms of your child's sickle cell crisis may include (please circle):

- pale or jaundice color
- decreased energy level
- fever
- shortness of breath/cough
- paralysis and/or seizure
- confusion
- difficulty with speech or vision
- pain in legs, arms, back, chest or abdomen

Date of last crisis _____ Date of last hospitalization for SCD _____

Medication prescribed for pain relief _____

Parents Comments _____

If at some future date any of this information changes, please notify the school. Please sign below, indicating your consent for me to communicate with Dr. _____.

Parent/Guardian Signature _____ Date _____

Telephone (home) _____ (work) _____

Intervention by School Staff for Student Experiencing Acute Symptoms:

- Notify parent.
- Support and reassure student; allow to rest.
- Give pain medication, if parent has authorized. Location _____
- Encourage fluids.
- Allow extra bathroom breaks as needed.
- Encourage students to participate in activities to their level of tolerance.
- DO NOT APPLY ICE TO SWELLING OR INJURIES.

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.