

Student _____ Date of Birth _____ Grade _____ School Year _____

School _____ Teacher(s) _____

Parent/Guardian _____ Best phone # _____

Primary Healthcare Provider: _____ Phone # _____

Current Medication(s)* _____

** Attach Medication Authorization Form(s), if med(s) needed at school.*

Please check sickle cell type: Sickle Cell Trait _____
 HbSS (Sickle Cell Anemia) _____ HbSC _____ HbS beta thalassemia _____ HbSD _____ HbSE _____ HbSO _____

1. Does your child wear a "medic alert" tag or carry identification of sickle cell disease? ____ Yes ____ No
2. List all medications taken on a regular basis (daily/weekly): _____
3. Was hospitalization required for a sickle cell disease crisis? ____ Yes ____ No Last admission _____
4. Is your child able to recognize the signs and symptoms of a sickling crisis? ____ Yes ____ No
5. List symptoms when a crisis occurs: _____
6. List any activities or stressors that have brought on a pain crisis. _____
7. List activities in which your child can **not** participate: _____

** Attach Physical Limitations/Adaptive PE Form), if indicated.*
8. List steps to be taken at school for pain related to a sickling crisis: _____

Sickle Cell Event - Emergency Action Plan

Symptoms	Do this
<ul style="list-style-type: none"> • Bone, joint, or hip pain • Headache • Swelling • Irritability • Fatigue • Sudden onset of pallor or jaundice 	<ol style="list-style-type: none"> 1. Administer pain medication, if ordered. 2. Contact parent/guardian if no relief from medication or no medication to give. 3. Student must hydrate. Encourage fluids. Allow water bottle at desk. 4. Make sure student is not cold. Move away from blowing vents. Allow to wear jacket. 5. Allow student to rest and use bathroom as needed.
<ul style="list-style-type: none"> • Joint Swelling • Temp. above 99 • Injury 	<p>Do not apply ice!</p> <ol style="list-style-type: none"> 1. Administer pain medication, if ordered. 2. Contact parent/guardian to inform of temp elevation.
<ul style="list-style-type: none"> • Sudden onset of severe headache • Change in alertness/confusion. • Weakness on either side of the body. • Change in alertness/confusion • Inability to speak • Sudden/constant dizziness • Change in breathing – fast, harsh, noisy 	<ol style="list-style-type: none"> 1. Call nurse immediately – student’s health status must be assessed by health professional. 2. Call 911 as needed. 3. Call parent/guardian. 4. If student able to walk, escort to the health room. Do not send student alone. <p>Note: These are signs of possible/impending medical emergency – blood clotting, stroke, sickling crisis, etc.</p>
Emergency signs/symptoms	Do this:
<ul style="list-style-type: none"> • Extreme muscle cramping/pain • Extreme fatigue • Difficulty breathing • Collapse 	<ol style="list-style-type: none"> 1. Call 911 for emergency transport. 2. Contact athletic trainer, school nurse, or first responder. 3. Contact parent/guardian immediately. 4. Cool the student. 5. Hydrate. Encourage fluids.
Additional instructions:	

Signature of Parent/Legal Guardian _____ Date _____

Signature of School Nurse _____ Date _____