



**Carroll ISD Health Services**  
**Parental Authorization for Bleeding Action Plan**

<b>Parent please answer:</b>	
Special Ed services?	yes / no
Active 504 plan?	yes / no
I would like 504 information	yes / no

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation:  Car rider  Walker  Drives self  Rides bus # \_\_\_\_\_

Before/After school activities:  Athletics  Band  Club: \_\_\_\_\_  Tutoring  Other \_\_\_\_\_

**Diagnosis/Significant medical history:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Current **Medications** to treat bleeding disorder: \_\_\_\_\_

Keep in Clinic?  yes  no

Date of last hospitalization: \_\_\_\_\_

**Treatments/ Procedures/ Devices:**

Venous Access (Type/ Location): \_\_\_\_\_

Oxygen: \_\_\_\_\_

SpO2 monitoring (specify indications/ frequency): \_\_\_\_\_

Infusion Therapy: \_\_\_\_\_

Bleeding episode treatment: \_\_\_\_\_

**Specific Activity limitations or Restrictions:** Yes/ No (explain):

PE/ Outdoor Activity/ recess: \_\_\_\_\_

Athletics/ Extra-Curricular: \_\_\_\_\_

Other: \_\_\_\_\_

Is student able to anticipate or avoid situations that increase risk of injury?  yes  needs assistance  no

Does student promptly notify adult/ seek assistance when bleeding/ injured  yes  needs assistance  no

**Standard Bleeding Disorder Emergency Plan for School-** Please review and make changes/ additions as needed.

**Minor Symptoms**

**If You See Any of These:**

- Minor Cut or Scrape
- Minor Bruising
- Nose Bleed

**Do This:**

- Stop activity
- **For minor cut/ scrape:** Cleanse with soap/ water, apply firm pressure, apply clean bandage
- **For minor bruising:** Apply firm pressure and ice to site
- **For nose bleeds:** Apply firm, uninterrupted pressure by pinching nose for 5-20 min
- **\*\*Student may need rescue/ prescribed medication**
- Call the Nurse/ Office for assistance
- Stay with the Student- **DO NOT LEAVE ALONE**

**Severe Symptoms**

**If You See Any of These:**

- Coughing up or vomiting fresh or dark brown material
- Stomach pain with weakness or paleness
- Bright red or cola colored urine
- Any injury near the eye and complaints of changes in vision or pain
- Any injury to the head which produces changes in personality, changes in level of consciousness, stiff neck, headache, forceful vomiting

**Do This:**

- Call or have someone **CALL 911**
- If the student can drink, have him/ her drink fluids to flush kidneys/ bladder
- **\*\*Student may need rescue/ prescribed medication**
- Call the Nurse/ Office for assistance
- Start CPR if indicated

**CONTACT PARENT AS SOON AS POSSIBLE**

**THE SIGNS AND SYMPTOMS ABOVE MAY BE EVIDENCE OF BLEEDING AND SHOULD NOT BE TAKEN LIGHTLY.**

**I grant permission to Carroll ISD to follow the above plan for my child. I am giving permission to CISD to contact my physician for additional information as necessary. If the school nurse deems necessary, I grant permission to notify my student's teacher of his/her health plan.**

Infusion Specialist/ Nurse:	Preferred Hospital:
Physician- Print Name:	Physician Phone:
Parent/ Guardian Signature:	Parent/ Guardian Phone: