



Cleburne ISD Health Services Parental Authorization for Bleeding Action Plan

Name: _____ D.O.B.: _____ Grade/Teacher: _____

Parent/Guardian: _____ Phone: _____

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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 Cleburne 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: