

**INDIVIDUAL SCHOOL HEALTH PLAN**  
**SICKLE CELL ANEMIA**  
**YEAR \_\_\_\_\_**

|  |             |            |
|--|-------------|------------|
| Student:   | School:     | Date:      |
| Date of Birth:   | Teacher     | Allergies: |
| Current Medication/s:  |             |            |
| Other Information: (include emergency medication etc.) Attach Medication Authorization |             |            |
| <b>EMERGENCY CONTACTS</b>  |             |            |
| Mother:  | Home Phone: | Cell #     |
|  | Work Phone: | Pager #    |
| Father:  | Home Phone: | Cell #     |
|  | Work Phone  | Pager#     |
| Other Contacts:  |             |            |
| Physician:   | Phone:      | Hospital:  |

**Type of Sickle Cell Anemia:** SS: Sickle Cell Anemia  SC: Sickle Hemoglobin  ST: Sickle Beta-Plus Thalassemia and Sickle Beta-Zero Thalassemia

**Blood Type:** \_\_\_\_\_ **Transfusion:**  Yes  No

**Special Needs During School Hours:**

1. Resting Periods:  As needed  Specify \_\_\_\_\_
2. Unlimited access to fluids, especially during PE.
3. Unlimited bathroom pass.
4. Physical activity restrictions:  None  Yes, explain \_\_\_\_\_
5. If a pain crisis occurs:  Administer pain medication  Apply moist HEAT to affected area  
 Call the parents immediately
6. Special needs for field trips?
7. Special needs for swimming and other water activities?
8. Call the parent when \_\_\_\_\_
9. Call 911 when \_\_\_\_\_

I have read this plan and feel it best meets the needs and care of the above named student.

Student: \_\_\_\_\_ Date: \_\_\_\_\_ School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_ Principal/ Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Physician/s: \_\_\_\_\_ Date: \_\_\_\_\_ and/or attach orders

## More Information about Sickle Cell Anemia

Student: \_\_\_\_\_

Children with sickle cell disease usually feel different. They are expected to develop along the same lines as children without the disease. However, some complications related to sickle cell disease influence their development. These factors may indicate to the child that he/she is different because of the sickle cell disease. The child may:

- Miss more school.
- Not be allowed to do things other children do because of physical limitations or overprotective parents and teachers.
- Need to go to the bathroom more frequently because they are required to drink more liquids, especially during periods of increased exercise and heat.
- Not be able to spend the night at a friend's house because of bedwetting.
- Be treated differently by parents, siblings, teachers and others because "they're sick".
- May be small for their age. As they become adults, most children with sickle cell disease reach full size.
- Have delayed sexual maturation.

### Special Care in the School Setting

- Help the child develop a sense of self worth. This teaches independent behavior (caring for self).
- Teach the child coping skills. Giving the child control, this helps the child to teach others.
- Discourage the child from blaming anyone for his/her disease.
- To increase self-esteem, emphasize those things about the child that he/she interprets as positive, not negative.
- Emphasize developing abilities rather than concentrating on the disadvantages of the disabilities
- <http://www.state.ju.us/health/fhs/sicklecell/psyissues.htm#child>