Sickle Cell Anemia Health Plan

Student Name		date of birth
Health Plan	(circle) original or current	date of plan
School Information	school/year	teacher/team
Parent/Guardian	print	signature
School Nurse	print	signature
Health Care Provider signature not required	name	phone

Please complete the following to provide school staff information about your child's health condition. Health information is considered confidential; however, information on this form may be shared with teachers having direct contact with your child in order to provide a safe environment while your child is at school or engaged in school activities.

In the event of an emergency, every effort will be made to contact the parent and/or licensed health care provider listed on this form. If unable to make contact, school personnel will call 911 and transport to the nearest hospital.

Sickle Cell Anemia Description

Sickle cell anemia is a disease passed down through families in which red blood cells form an abnormal sickle or crescent shape. Red blood cells carry oxygen to the body and are normally shaped like a disc. Sickle cell anemia is inherited from both parents. If you inherit the sickle cell gene from only one parent, you will have sickle cell trait. People with sickle cell trait do not have the symptoms of sickle cell anemia.

Additional Information

Approximately how often does your child have a sickle cell crisis?

Describe what occurs when your child has a crisis?

Does your child understand the problem and how to manage it?

Name sports/activities in which your child cannot fully participate:

Is your child undergoing any special medical therapy for sickle cell outside of school?

OVER⇛

Symptoms

[ ] pain at any time in any part of the body; may last for several hours or days
[ ] pain attacks brought on by exhaustion, cold temperatures, and infection with or without fever, dehydration, and daily stress
[ ] pale, tire easily, decreased appetite
[ ] swelling in joints
[ ] other - please describe

Intervention

- contact parent if child is having pain or fever
- encourage fluids
- allow student to rest
- protect from cold
- medicate for pain as ordered
- observe for any change in mental status
- if student is having a crisis episode with headache or other mental changes, contact parent and/or physician immediately. If necessary, call 911 and transport to UNC Hospitals.
- other - please describe:

Medications

If your child requires medication at school, please return a Sickle Cell Anemia Health Plan and a Medication Authorization form signed by your health care provider.

	School	Home
name		
dose		
frequency		
side effects		

Health Management (please check all that apply)

[ ] I understand that the above intervention will be carried out as described.

[ ] I authorize exchange of information between the school and the listed health care provider

[ ] My child will receive medication at school as ordered by the listed health care provider on the Health Plan