



Sickle Cell Disease Health Care Plan for School/Field Trips

Name of Student _____ School _____

Teacher/Grade _____ Date _____

Dear Parent:

We understand that your child has Sickle Cell Disease (SCD). The school needs further information so that it will know how to deal with any situation related to this condition. Please complete this form and return it to school. ***If your child needs medication at school, we must have a completed medication authorization form.**

School Nurse Phone

SCD is an inherited blood disorder that can cause life-long anemia, painful crises, susceptibility to certain infections and variable degrees of organ damage or other serious complications. Sickle Cell *Trait* is *NOT* a disease and never changes to Sickle Cell Disease.

Symptoms of a sickle cell crisis may include one or more of the following:

- pale or jaundice color
- decreased energy level
- fever
- shortness of breath/cough
- paralysis and/or seizure
- confusion
- difficulty with speech or vision
- pain in legs, arms, back, chest or abdomen

Parent Comments _____

If at some future date any of this information changes, please notify the school. Please sign below, indicating your consent for me to communicate with Dr. _____.

Parent/Guardian Signature _____ Date _____

Telephone (home) _____ (work) _____

Intervention by School Staff for Student Experiencing Acute Symptoms:

- 1) Support and reassure student; allow to rest.
- 2) Give pain medication, if parent has authorized.
- 3) It is very important to encourage fluids at onset of early symptoms.
- 4) Notify parent.

NOTE: Students who are not acutely ill should be allowed/encouraged to participate in school activities to their level of tolerance.

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.