Student Transportation:
(Please check)
_____ Bus Rider
Bus No. _____
_____ Parent pickup

Rev. 5/2013

CUMBERLAND COUNTY SCHOOLS
SICKLE CELL DISEASE EMERGENCY PLAN

DATE: _____

School Name: _____

Student's Name: _____ Date of Birth: ___/___/___ Grade: _____

Parent/Guardian's Name: _____ Phone No: _____

Parent/Guardian's Name: _____ Phone No: _____

Physician's Name: _____ Phone No: _____

Hematologist's Name: _____ Phone No: _____

Preferred Hospital: ☐ Cape Fear Valley Medical Center ☐ Womack Army Medical Center ☐ Other:

OTHER HEALTH ISSUES OR CONCERNS	

LIST MEDICATION	DOSE/AMOUNT TAKEN	TIME	WILL MEDICATION BE NEEDED AT SCHOOL?
			☐Yes ☐No
			☐Yes ☐No

Release of Liability: Realizing the importance of administering medication to my child as prescribed by the child's physician, do hereby agree to relieve designated school personnel of any liability from any potential ill effects as a result of their injecting or giving my child medication prescribed by the child's physician. I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements. I consent for the medical provider to disclose health or medical information regarding medication prescribed. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. **This form is valid for the term of one year or the annual IEP or 504 Accommodations review, whichever occurs first.**

Physician:_____Date:_____ Parent/Guardian:_____Date:_____

GOALS & TIPS TO PREVENT/DECREASE EVENTS AT SCHOOL	**SIGNS AND SYMPTOMS THAT MIGHT INDICATE CHILD IS BECOMING ILL**
➢ Maintain adequate hydration - water available at all times ➢ Staff awareness of signs/symptoms and treatments of sickle cell events. ➢ Liberal bathroom privileges ➢ Exercise based on tolerance ➢ Avoid extreme hot/cold. Dress appropriately for weather. ➢ Annual flu shots	Symptoms may be brought about by infection, stress, dehydration, strenuous exercise, and cold. ➢ Rapid heartbeat ➢ Joint swelling ➢ Headache ➢ Increased pallor ➢ Other: _____ ➢ Difficulty breathing ➢ Chest pain ➢ Increased jaundice ➢ Fever

POSSIBLE SYMPTOMS	**BEST PRACTICES**	
Fatigue	• Exercise based on tolerance	• Rest as needed
Pain – Mild/Moderate	• Stop activity • Call parent/guardian • Give fluids (carry water bottle) • Use coping strategies to divert attention	• Loosen tight or restrictive clothes • Give pain medication per school medication form (If applicable) • Call parents for unrelieved pain as it must be evaluated promptly by medical doctor or emergency department
Pain – Severe	• Swollen and painful abdomen, pallor, lethargy, possible shock	• Call 911 • Call parent/guardian
Fever	• Call parent/guardian to pick up child for temperature greater than 100^{o} F. • For **fever greater than 101^{o} F**, contact parent/guardian and instruct to seek immediate medical evaluation.	• If parent/guardian or emergency contact is not available, call 911 and report student with sickle cell disease has fever of **101^{o} F or greater** and parent/guardian is unavailable. • Give fluids
Signs of Stoke	• May include: severe headache, weakness on one side of body, facial asymmetry, difficulty swallowing, slurred speech, seizure, lethargy, pallor, poor appetite, shortness of breath, or blurry vision	• If student has signs of stroke, change in mental status, or seizure call 911. • Notify parent/guardian immediately
Acute Chest Syndrome	• Fast or difficult breathing • Fever • Cough	• Blue Color to lips and mouth area: Call 911, notify primary medication clerk, school administration and parent/guardian

SIGNATURES	DATE	PARENT/GUARDIAN SIGNATURE	NURSE SIGNATURE	TEACHERS' SIGNATURE OF ACKNOWLEDGMENT	
Plan Initiated					
1st Review					
2nd Review					

FOR SCHOOL USE ONLY: 504 Accommodations: ☐Yes ☐No Date of plan: ___/___/___ IEP: ☐Yes ☐No Date of plan: ___/___/___

Please fax completed form to CCS Health Services: 910-483-7835

cc: Director of Health Services
504 Coordinator
EC Case Manager
School Nurse

If applicable cc:
Special Needs Nurse
School Bus Driver