

**Cameron ISD**  
**Sickle Cell Disease Management Plan**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Consent to Administer Medications**

I, \_\_\_\_\_, parent of named student, request that the action plan be used to guide care for my child and consent to the administration of medications as prescribed by the physician. I agree to:

1. Provide the necessary supplies, equipment and medications
2. Notify the school medical staff of any changes in the student's health status and complete a new consent form if any changes in the orders are made from the physician.
3. Authorize the school medical staff to communicate verbally and in writing with the student's health care provider about this condition and corresponding orders/action plans.
4. School staff interacting directly with my child may be informed about his/her condition and corresponding medical needs while at school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*To Be Completed by Physician\*\***

IF YOU SEE THIS	DO THIS
Pain in hands, feet, legs, back, chest or abdomen OR change in level of pain	Notify nurse. Notify parent to seek medical attention. Administer medication as ordered. Warm compress at site, as tolerated. Rest until medication takes effect.
Fever of 101 degrees	Notify nurse. Notify parent to seek medical attention
Urinary frequency, urinary incontinence	Notify nurse. Allow access to the restroom as needed. Seek medical attention
Sudden and severe headache:  If accompanied by the following signs and symptoms: Sudden change in vision, slurring speech, weakness in limb, change in mental status	Notify nurse. Notify parent immediately to seek medical attention.  Call 911
Cough, chest pain, fast or difficult breathing, fever	Notify nurse. Notify parent immediately to seek medical attention

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Blue lips and mouth	Call 911
Pallor (nail beds, conjunctiva), lethargy	Notify nurse. Notify parent immediately to seek medical attention
Swollen, painful abdomen, sweating, lethargy, weakness	Notify nurse. Notify parent. Call 911

Individualized Instructions:

- ☐ Allow access to water throughout the day and frequent bathroom breaks.
- ☐ Physical Activity Restrictions: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Medication (provided by parent/guardian)	Dose	Instructions

Physician Name (printed): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This plan is valid for the current school year including summer school unless changes are made\*