STUDENT SICKLE CELL ANEMIA PLAN

This form is to be completed by the family. Health care provider input is welcomed and encouraged.

Name: _____ Grade: _____ Age: _____
Parent/Guardian: _____ Ph: (H) _____
Ph: (W) _____
Parent/Guardian: _____ Ph: (H) _____
Ph: (W) _____
Emergency Phone Contact #1: _____ _____ _____
Name relationship phone
Emergency Phone Contact #2: _____ _____ _____
Name relationship phone
Physician Student Sees for Sickle Cell Anemia: _____
Ph: _____
Other Physician(s): _____ Ph: _____

- Describe a Typical Sickle Cell Crisis for your child, how often it happens, and the date of the last crisis:

_____
_____
_____
_____
_____

- Special Instructions for School Staff in the event of a Sickle Cell Crisis at school:

_____
_____
_____
_____

- Routine instructions for the teacher

1. Allow the student to drink extra fluids and take more bathroom breaks
2. Aid the student in avoiding strenuous, physical, emotional activities
3. Avoid cold environments
4. Recognize pain medication may interfere with concentration

_____
_____
_____
_____