

**MSD OF LAWRENCE TOWNSHIP
PLAN OF CARE FOR SICKLE CELL DISEASE**

Activity Restrictions require written direction from your child's doctor

Please complete this form and return it to the school nurse. This form needs to be updated each school year. If your child requires medication during school the Medication Permission Form needs to be completed, signed, and returned to the school clinic as well. You can find these forms online from your school's homepage under parent resources/health services

Student's Name _____ Birth Date _____ Age _____
School _____ Grade ____ Teacher _____

Contact Information

Home Telephone number _____

Father's Name _____ Work# _____ Cell# _____

Mother's Name _____ Work# _____ Cell# _____

Emergency Contact _____ Relationship _____ Phone# _____

Emergency Contact _____ Relationship _____ Phone# _____

Physician _____ Telephone# _____

Hospital Preference _____ Phone# _____

Medical Information

Allergies: _____

Student wears a Medical Identification Bracelet or Necklace? Yes __ No __

Please list any special needs your child may have during the school day _____

Medication Administered at Home

Name of Medication _____ Dose _____ Time _____

Name of Medication _____ Dose _____ Time _____

Name of Medication _____ Dose _____ Time _____

Name of Medication _____ Dose _____ Time _____

Emergency Plan

What Emergency Plan of Action do you prefer if your child has a crisis at school? _____

Notify Parent
if _____

Call 911
if _____

Seek Emergency Medical Attention if a child with Sickle Cell Disease develops any of the following:

- fever of 101 degrees or higher
- pain that is NOT relieved by Medication
- chest pain
- shortness of breath or trouble breathing
- severe headache or dizziness
- severe stomach pain or swelling
- jaundice or extreme paleness
- painful erection in males

Parent/Guardian's
Signature _____ Date _____

Reviewed by nurse/signature _____ Date _____

Please remember to advise the school immediately of any changes in contact or medical information.

