**FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY**

**SCHOOL HEALTH PROGRAM**

**ROLES AND RESPONSIBILITIES: SICKLE CELL CRISIS**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_**

**Parent/Guardian & Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SICKLE CELL DISEASE ACTION PLAN: Refer to the attached Sickle Cell Crisis Action Plan.**

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| **School Responsibilities/Agreements** | **Family Responsibilities/Agreements** | **Student Responsibilities/Agreements** |
| 1. Location medication is kept:Trained staff authorized to administer medication (review plan, recognize symptoms and respond) | 1. Provide medication for school  site/replace any expired medication | 1. Report early warning signs of sickle cell  episode |
| 2. Staff to contact 911/parent/guardian: | 2. Keep school staff informed of any  changes in student condition or  medications |  |
| 3. Staff to direct EMS to the emergency: | 3. Parent or designated adult, as noted on  emergency contact card, to respond to  school when called. |  |
| 4. CPR certified staff: |   |  |
| 5. Substitute teacher instructions:  |  |  |
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 Parent/Guardian Signature Date

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 Principal or School Administration Designee Date

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 School Nurse Date