



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.

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:		
.		

Parent/Guardian Signature

Date

Principal or School Administration Designee

Date

School Nurse

Date