



**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 Sickie 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