



**Florida Department of Health in Miami-Dade School Health Program  
Roles and responsibilities: Sickle Cell Disease**

**Student:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_  
**Teacher(s):** \_\_\_\_\_ **School Year** \_\_\_\_\_

<b>Responsibilities and Agreements</b>		
<b>School</b>	<b>Family</b>	<b>Student</b>
Medication and supplies kept: Clinic Main Office Classroom Student Book Bag Other: _____	Provides medication for school site.  Pick-up and replace any expired medication  Med Name/Exp Date: _____ Med Name/Exp Date: _____	Report early warning signs of a sickle cell episode/crisis
UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond): _____ _____	Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact information  Any change in the medication regimen requires new medication authorization forms	Communicate needs as appropriate
CPR Certified Staff: _____ _____	Parent/guardian or designated adult, as noted on the emergency contact card, to respond to school when called	
Action plan available to “need to know” staff	Pick-up any unused medication at the end of the school year	
Administration to contact 911/parent/guardian in case of an emergency		
Administration and/or security to direct EMS to the emergency		
Security/Teacher to carry school two-way radio and/or have emergency intercom access		
Assign staff to administer medication during field trips, if applicable		

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/School Administration Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date