

**JOHNSON CITY SCHOOLS - HEALTH SERVICES
INDIVIDUAL HEALTH PLAN (IHP) – CONFIDENTIAL
Sickle Cell Anemia**

Student Information:

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Emergency Information:

Parent(s) Names: _____

Phone Number: _____ Phone Number: _____

Primary Care Physician: _____ Specialist: _____

Phone Number: _____ Phone Number: _____

Fax Number: _____ Fax Number: _____

In the event a parent/guardian cannot be reached:

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Medical Information – Must be completed by Physician's Office

Is student able to recognize signs and symptoms of a sickling crisis? _____

Symptom	Action
Pain in arms or legs (mild – moderate)	1. Stop Activity and allow to rest. 2. Give _____ oz. of fluids. 3. Give _____ (medication) 4. Re-evaluate pain at _____ minutes, if not relieved _____ 5. Return to class if pain controlled.
Vomiting, Diarrhea and/or dehydration	<ul style="list-style-type: none"> • Contact parent immediately since can occur rapidly in children with sickle cell, thus precipitating a painful event. (Document time of onset, frequency, and time parent notified).
Fever over 101 F	1. Notify parent to seek immediate medical attention. 2. Give _____ oz. of fluids.
Other Special Instructions	_____ _____ _____

Physician's Signature: _____ **Date:** _____

I, the parent or guardian of the above student, request that this Individual Health Plan (IHP) be administered to my child. I understand that it is my responsibility to provide the school with the necessary supplies and medication and will notify the school if there is any change to my child's health status. I agree to provide a new consent for any changes in doctor's orders and authorize the school nurse. To communicate with the physician when necessary. I understand that this information will be shared with the appropriate members of the educational team.

Parent's/Guardian's Signature: _____ Date: _____

Reviewed by: _____ Date: _____