



Carroll ISD Health Services
Parental Authorization for Bleeding Action Plan 2020-2021

Parent please answer:	
Special Ed services?	yes / no
Active 504 plan?	yes / no
I would like 504 information	yes / no

Name: _____ D.O.B.: _____ Grade/Teacher: _____
 Parent/Guardian: _____ Phone: _____
 Parent/Guardian: _____ Phone: _____
 Transportation: Car rider Walker Drives self Rides bus # _____
 Before/After school activities: Athletics Band Club: _____ Tutoring Other _____

Diagnosis/Significant medical history: _____

Allergies: _____

Current **Medications** to treat bleeding disorder: _____

Keep in Clinic? yes no

Date of last hospitalization: _____

Treatments/ Procedures/ Devices:

- Venous Access (Type/ Location): _____
- Oxygen: _____
- SpO2 monitoring (specify indications/ frequency): _____
- Infusion Therapy: _____
- Bleeding episode treatment: _____

Specific Activity limitations or Restrictions: Yes/ No (explain):

PE/ Outdoor Activity/ recess: _____

Athletics/ Extra-Curricular: _____

Other: _____

Is student able to anticipate or avoid situations that increase risk of injury? yes needs assistance no

Does student promptly notify adult/ seek assistance when bleeding/ injured yes needs assistance no

Standard Bleeding Disorder Emergency Plan for School- Please review and make changes/ additions as needed.

Minor Symptoms
If You See Any of These:

- Minor Cut or Scrape
- Minor Bruising
- Nose Bleed

Do This:

- Stop activity
- **For minor cut/ scrape:** Cleanse with soap/ water, apply firm pressure, apply clean bandage
- **For minor bruising:** Apply firm pressure and ice to site
- **For nose bleeds:** Apply firm, uninterrupted pressure by pinching nose for 5-20 min
- ****Student may need rescue/ prescribed medication**
- Call the Nurse/ Office for assistance
- Stay with the Student- **DO NOT LEAVE ALONE**

Severe Symptoms
If You See Any of These:

- Coughing up or vomiting fresh or dark brown material
- Stomach pain with weakness or paleness
- Bright red or cola colored urine
- Any injury near the eye and complaints of changes in vision or pain
- Any injury to the head which produces changes in personality, changes in level of consciousness, stiff neck, headache, forceful vomiting

THE SIGNS AND SYMPTOMS ABOVE MAY BE EVIDENCE OF BLEEDING AND SHOULD NOT BE TAKEN LIGHTLY.

Do This:

- Call or have someone **CALL 911**
- If the student can drink, have him/ her drink fluids to flush kidneys/ bladder
- ****Student may need rescue/ prescribed medication**
- Call the Nurse/ Office for assistance
- Start CPR if indicated

CONTACT PARENT AS SOON AS POSSIBLE

I grant permission to Carroll ISD to follow the above plan for my child. I am giving permission to CISD to contact my physician for additional information as necessary. If the school nurse deems necessary, I grant permission to notify my student's teacher of his/her health plan.

Infusion Specialist/ Nurse:	Preferred Hospital:
Physician- Print Name:	Physician Phone:
Parent/ Guardian Signature:	Parent/ Guardian Phone: