

Belton ISD Health Services
Parental Authorization for Bleeding Disorder Emergency Plan

School Year: _____ Campus: _____

Student Last Name	Student First Name	DOB	Grade/Homeroom	Transportation: <input type="checkbox"/> Rides bus # _____ <input type="checkbox"/> Car rider <input type="checkbox"/> Walker
-------------------	--------------------	-----	----------------	--

No Yes Student in Special Education Program? No Yes Student in 504 Program? (School accommodations for those with chronic health conditions)

Diagnosis/Significant medical history:

Current meds to treat bleeding disorder	Date of last hospitalization	Physical Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain):
---	------------------------------	--

Bleeding Disorder Emergency Medication needed at school: Dosage/Route/Times	Expiration Date
---	-----------------

Medication at school: N/A In Health Office At Home

Standard Bleeding Disorder Emergency Plan for School
Please review standard bleeding disorder emergency plan for school and add additional instructions as needed

<p>Minor Symptoms If You See Any Of These:</p> <ul style="list-style-type: none"> • Minor cut or scrape • Minor bruising • Nose bleed 	<p>Do This:</p> <ul style="list-style-type: none"> • Stop activity • For minor cut/scrape: Cleanse with soap and 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 student- DO NOT LEAVE ALONE
---	---

<p>Severe Symptoms If You See Any Of These:</p> <ul style="list-style-type: none"> • 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 complains 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 <p align="center">THE SIGNS AND SYMPTOMS ABOVE MAY BE EVIDENCE OF BLEEDING AND SHOULD NOT BE TAKEN LIGHTLY.</p>	<p>Do This:</p> <ul style="list-style-type: none"> • 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 <p align="center"><u>CONTACT PARENT AS SOON AS POSSIBLE</u></p>
--	---

Additional instructions:

Physician: Print Name	Physician Signature	Physician Phone	Date
-----------------------	---------------------	-----------------	------

I grant permission to BELTON ISD to administer this medication to my child. I am giving permission to B1SD staff to contact my physician for additional information if necessary. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of his health condition. I understand that a medically untrained designee of the principal may give the medication.

Parental Signature	Best emergency phone	Other phone	Date
Emergency Contact	Phone	Other phone	

Trained Staff-Print name and initial after completing training on administering this medication, which includes seeking additional training or assistance as needed when administering this medication. **Trainer**- sign and date beside name of staff member that has completed the knowledge and skills to administer this medication.

Trained staff: Print Name/initial	Trainer Signature	Training Date	Trained staff: Print Name/initial	Trainer Signature	Training Date

If administered:	Date	Time	Initials	Date	Time	Initials