

**Mecklenburg County Health Department
School Health Program**

HEMOPHILIA EMERGENCY ACTION PLAN Name: _____

School: _____ Year: _____ Grade: _____ Date of Birth: _____ Allergies: _____

Homeroom Teacher: _____ Room: _____ Student ID #: _____

Parent/Guardian: _____ Ph. (H): _____

Address: _____ Ph. (W): _____

Parent/Guardian: _____ Ph. (H): _____

Address: _____ Ph. (W): _____

Emergency Phone Contact #1: _____

Name

Relationship

Phone

Emergency Phone Contact #2: _____

Name

Relationship

Phone

Physician treating student for hemophilia: _____ Phone: _____

Other Physician: _____ Phone: _____

Preferred Hospital: _____

EMERGENCY PLAN

(Fill in blanks, cross out and initial any steps not needed for this student.)

1. External bleeding for a cut or scrape:

Gently clean with soap and water

Apply firm gentle pressure until bleeding stops

Apply a clean dressing

Other: _____

2. Deep cut that may require stitches:

Apply firm gentle pressure to control bleeding with a clean dressing

Attempt to elevate the cut area above the heart level

Contact parent/guardian, call 911 if necessary

