
Signature of Approval
Supervisor of School Health Services

Date

Cancer Care Plan
Prince William County Public Schools

Student's Name: _____

Student's School: _____

Student's Date of Birth: _____

Student's Grade: _____

Names of siblings in home and schools they attend: _____

Student's medical diagnosis: _____ Medical alerts: _____

When was cancer diagnosed and what stage? _____ Has any metastasis been identified? Yes No

Have there been periods of remission? Yes No How long? _____ Last acute episode _____

Has student had previous hospitalizations for condition? Yes No Explain _____

Has student had previous surgeries for condition? Yes No Explain _____

Has student had chemotherapy? Yes No When? _____

Does student currently have? Implanted port Tunneled catheter Other treatment device _____

List student's chemotherapy medications: _____
(Multiple protocols may be attached) _____

List any other medications: _____

Are there any medications needed at school? Yes No (refer to Regulation 757- 4, "Administering Medications"
Attachment I, Sections A and B)

Has student had radiation therapy? Yes No When? _____ Which body area? _____

Is there any physical disability related to diagnosis or treatment? Yes No Explain _____

Are there any known growth, developmental, or cognitive effects from the treatment or disease? Yes No

Explain _____

Are there any specific accommodations or adjustments required in the classroom setting? Yes No

Explain _____

Are there any procedures or treatments that are required while the student is in school? Yes No

Explain (If yes, please see Regulation 757-3, "Guidelines for School Staff/Child Care Contractor (CCC) to carry out Health Treatment
Procedure and/or Emergency Treatment Procedures...")

Are there cognitive effects from this treatment? Yes No

Explain _____

Possible side effects from the disease and/or therapy:

<input type="checkbox"/> hair thinning/loss	<input type="checkbox"/> mouth sores	<input type="checkbox"/> increased fatigue
<input type="checkbox"/> weight gain/increased appetite	<input type="checkbox"/> weight loss	<input type="checkbox"/> nausea/vomiting
<input type="checkbox"/> mood swings	<input type="checkbox"/> increased chance of bleeding (gums, nose, bruises)	<input type="checkbox"/> increased chance of infection
<input type="checkbox"/> other _____		

Limitations on activity:

<input type="checkbox"/> no limitations – unless parents advise you otherwise	<input type="checkbox"/> no contact sports	<input type="checkbox"/> activity as tolerated
<input type="checkbox"/> crutches	<input type="checkbox"/> wheelchair	

Emergency Management of Student - Please contact parents for the following:

- Temperature of 100° or greater.
- Coughing that does not stop or rapid breathing.
- Pain with urination or bowel movements.
- Exposure to chicken pox, shingles, measles, or other contagious illnesses.
- Headache unrelieved by Tylenol. (Always check temperature before giving Tylenol. Do not give Ibuprofen products.)
- Complains of problems with vision, hearing, or balance.
- Nosebleed that does not stop after 10 minutes of pinching both nostrils shut.
- Blow to the head or catheter site.
- Leakage or break in the catheter. (If catheter breaks, place clamp between body and break.) Clamp stored in _____.

Activity Guidelines for the student with cancer (students should be encouraged to participate in physical activity):

- Expect the student to dress out.
- Allow the student to pace him or herself.
- Allow frequent rest and water breaks.
- The student should not participate in extended strenuous exercise in hot weather.
- Student with a low platelet count should be exempt from PE until platelet count recovers.
- Students should avoid close contact with classmates who are sick.
- If student has an implanted port, activities such as football, wrestling, and work on the parallel bars should be avoided.
- If the student has a tunneled catheter or PICC line, contact and stick sports should be avoided. Swimming should also be avoided.
- Parents must be notified IMMEDIATELY for any bleeding that lasts longer than 10 minutes with pressure.

Anticipated school absences:

- minimal (less than 5 days per month) moderate (5-10 days per month) significant (greater than 10 days per month)

Comments: _____

