

ITP STUDENT FACT SHEET

INSERT PHOTO HERE	Child's Name: _____
	DOB: _____ Age: _____
	Grade/Class: _____
	Address: _____ _____
	Allergies: _____
	Medications: _____

_____ has a platelet disorder called Immune Thrombocytopenia (ITP). This causes a condition of low platelets and means he/she has trouble properly clotting the blood when injured and may bruise more easily and have prolonged bleeding episodes.

In case of an accident, head injury, or emergency bleeding, please contact:

(Includes bleeding from the mouth, nose, cut etc)

_____ Parent/Caregiver Name	
_____ Signature	_____ Date
_____ Address	
_____ Mobile Phone	
_____ Work Phone	

_____ Parent/Caregiver Name	
_____ Signature	_____ Date
_____ Address	
_____ Mobile Phone	
_____ Work Phone	

Doctor Details
_____ Doctor's Name
_____ Surgery Name
_____ Address
_____ Phone

Additional information / comments

