

# 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