

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Last Count \_\_\_\_\_

Date of Last Count \_\_\_\_\_

Next Appointment \_\_\_\_\_

### Activity Level for the week

#### **RED (Count Under 30k)-**

- Quiet play only outdoors
- No indoor games with physical interaction (tag)
- Will bruise if grabbed
- May be tired and moody
- NO GYM

#### **YELLOW (Count 30-50k)-**

- Moderate play outdoors & in gym
- Full Class participation indoors

#### **GREEN (Count over 50k)-**

- Most activities allowed

#### Activities NEVER allowed:

- Games where balls or objects will hit head with force (dodge ball, unsupervised soccer, etc)

**PLEASE INFORM ME OF ANY HEAD INJURIES OR BLEEDING**

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Dear Ms. \_\_\_\_\_,

My son/daughter, \_\_\_\_\_, will be in your \_\_\_\_\_ grade classroom this year. I am writing this letter to inform you of a medical condition that my son has. He was diagnosed in (month) of (Year) with ITP. ITP is an autoimmune disease affecting the platelets in the blood. The blood disorder causes excessive bruising and scattered red dots called petichiae, which are burst capillaries under the surface of the skin. Low platelet counts also cause fatigue and mood swings. I have attached a frequently asked questions handout to this letter that can more clearly explain the disease.

Last school year (YYYY - YYYY) (Childs Name) had (#) doctors appointments and (#) hospitalizations directly related to his ITP. His hematologist is in (City, State) and he will miss about 2-3 hours of class on days that he has appointments. Appointments range from twice a week to monthly depending on (Childs Name) platelet count. If (Childs Name) requires treatment he will miss school on the day of treatment and possibly the day after depending on how he feels.

(Childs Name) excelled last year despite his missed class time. Please send class work home that (Childs Name) has missed. I will try to inform you ahead of time when I know he will be missing a day of class-so that work can be sent home before hand.

(Childs Name) has certain activity restrictions depending on his platelet count. I will send in a sheet each week with his count and what restrictions he has. Please inform me of any accidents, falls, head injuries, or bloody noses that (Childs Name) sustains while in class.

If you would like me to come in and speak with you or if you have any questions I can be reached at (phone), between 8:15 and 4:30 or on my cell phone (Phone Number), anytime.

Thank you in advance for your understanding.

Sincerely,

Your Name

cc: School Nurse