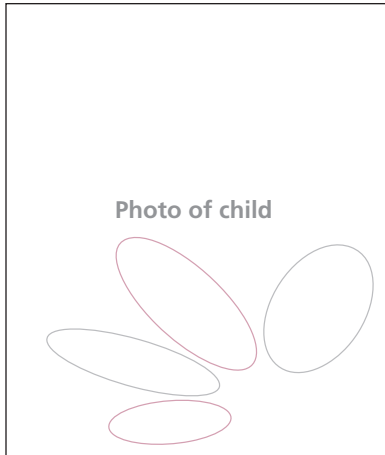


ITP STUDENT FACTSHEET



Information on this fact sheet is for educational purposes only. For your child's unique medical condition, please consult a doctor.

Child's full name _____



Child's age _____

Child's birthday _____ Grade _____

Address _____

City _____ State _____ Zip _____

Allergies _____

Medications _____

_____ *Child's name* has a platelet disorder called immune thrombocytopenia purpura (ITP). This causes a condition of low platelets and means he/she has trouble properly clotting his/her blood when injured and may bruise and bleed more easily.

In case of accident, head injury, or emergency bleeding (mouth, nose, cut, vomit, etc.), please contact:

First Parent / Caregiver Name (Printed) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

eMail _____

Second Parent / Caregiver Name (Printed) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

eMail _____

This child's doctor is:

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Additional Information / Comments

PDSA would like to thank Baxter Healthcare Corporation for their assistance in printing this fact sheet.



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