ALAMOGORDO PUBLIC SCHOOLS
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Students with Bleeding Disorders

(Please return form to the School Nurse)

Child's Name_____ Age_____ School_____

My child has the following type of bleeding disorder:

☐ Hemophilia A ☐ Hemophilia B

☐ Mild ☐ Moderate ☐ Severe

☐ Von Willebrands

☐ Type 1 ☐ Type 2 ☐ Type 3

☐ Other Factor Deficiency

☐ I ☐ II ☐ V ☐ VII ☐ X ☐ XI ☐ XII ☐ XIII

☐ Other_____

My child will need activity accommodation ☐ Yes ☐ No

My child will need medication at school ☐ Yes ☐ No

(Please get a Dr. order for medications needed at school)

Please discuss any needs your child may have with the school nurse