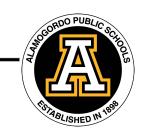
## ALAMOGORDO PUBLIC SCHOOLS

PO Box 650 Alamogordo, NM 88311-0650

Office of Health Services Lisa E. Patch, MSN, RN, NCSN, Director 1211 Hawaii Avenue Alamogordo, NM 88310



## Students with Bleeding Disorders

Office: (575) 812-6095

Fax: (575) 812-6099

(Please return form to the School Nurse)

Child's Name	Age	Schoo	ol	
My child has the following type of bleeding disorder:				
Hemophilia A Hemophi Mild Moderat	ilia B	Sever	re	
Von Willebrands  Type 1 Type 2		Туре	3	
Other Factor Deficiency	□×	□xı	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				