

Medical and School Data Sheet

SPECIAL SCHOOL INSTRUCTIONS FOR PEDIATRIC ONCOLOGY PATIENTS
(HOSPITAL NAME AND ADDRESS HERE)

Your student, _____, is currently under the care of the Pediatric Oncology Team at _____ for a diagnosis of _____.

It is our philosophy that the treatment goal of each child is eventual cure. We believe that a child's school experience is critical for growth and development, promoting self-esteem during treatment and in the future. Therefore, we encourage you to have the same scholastic expectations for _____ as you do for the entire class.

We encourage children to attend school on all days that are medically possible and to make school a priority. However, we recognize that certain accommodations must be made related to repeated school absences. If you think the number of days missed is adversely affecting this child's learning, please advise their parents/guardians that you are concerned and we can devise a plan to address this problem. We are relying on you, as well as the child's parents/guardians, to closely monitor school progress throughout the year. If at any time you are concerned, please do not hesitate to speak with the parents/guardians and us. We hope that you will read the enclosed material and find it helpful to you. Please call if you have any questions or wish additional information.

You should know that if the child has not had illnesses like chicken pox or measles prior to the diagnosis of a malignancy, these diseases can be very serious for a child receiving cancer treatment. It is therefore **essential that you notify your student's parents immediately if anyone in your class or another class has the chicken pox or measles provided he/she is susceptible** (see below).

Current treatment plan: _____

Approximate time planned for treatment: _____

Medications to be taken during school: _____

Possible side effects from disease and/or therapy:

- | | |
|--|--|
| <input type="checkbox"/> hair thinning/loss | <input type="checkbox"/> nausea/vomiting |
| <input type="checkbox"/> mouth sores | <input type="checkbox"/> mood swings |
| <input type="checkbox"/> weight loss | <input type="checkbox"/> increase chance of bleeding
(gums, nose, bruising) |
| <input type="checkbox"/> weight gain/increase appetite | <input type="checkbox"/> increased chance of infection |
| <input type="checkbox"/> increased fatigue | |

Limitations on activity:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> none - unless parents notify you otherwise | <input type="checkbox"/> crutches |
| <input type="checkbox"/> no contact sports | <input type="checkbox"/> wheelchair |

Anticipated school absences:

- | | | |
|---------------------------------------|---------------------------------|---|
| minimal
(less than 5 days a month) | moderate
(5-10 days a month) | significant
(greater than 10 days a month) |
|---------------------------------------|---------------------------------|---|

Comments: _____

CONSIDERATIONS:

1. Parents should be notified of any acute illness, fever, or change in the child's condition or behavior.
2. **No live virus vaccinations or immunization** (i.e. polio, MMR) should be given to children receiving chemotherapy.
3. Varicella (chickenpox) immune status not susceptible – has immunity
 SUSCEPTIBLE – does not have immunity/
immunity status unknown

FOR SUSCEPTIBLE STUDENTS – IMMEDIATELY REPORT any cases of chickenpox in the classroom to parents.

4. **IMMEDIATELY REPORT** any outbreaks of measles in the classroom to parents.

We urge you to review this sheet with parents. They will keep you informed of any changes in plans or care.

And again, we encourage you to call us with any concerns.

Primary Physician _____ Primary Nurse _____

Social Worker _____ Other Staff _____